TO DEPUTY ASDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the contracte, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your file.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar profit to burial, cremation, ar remaval.

VS. A15ME(5) 5M 9/55

			001 ME	DIC	AL EXA	AMIN	ER'S	CERTI	FICAT	E OF D	EATH	Reg. D	íst. No.	00	003
)		PLACE OF DEATH						2. USUAL RES	IDENCE (W	/here deceased			ence befo	ore odm	ission)
		6. COUNT	ALLEGANY			MARY	LAND	o. STATE	Maryl	and	b. COUNT	All	egar	ny	
	t	o. CITY OR TOWN (II	autside corporate limits, writ	• RURAL	c. LENGT	H OF STAY	IN 1b	c. CITY OR	TOWN (IF	outside corpore	ote limits, write				wn)
			ERLAND		Li	fetin	me	V Carri	berla	nd					
	-		AL OR INSTITUTION (If not in	hospitol, give s	treet oddres	18)	d. STREET		cara.					ESIDENCE
9		MEMORIA	L HOSPITA					/ Cre	ek Ro	pad R.	F.D.#2	Wm.	Rd.		A FARM?
1	3.	NAME OF DECEASED	Fir			Middle		Las		4. DATE OF	Month		Day	١	'ear
		(Type or print)	Edward		C.	Ath	еу	Jr.	8.00	DEATH	Januar	V	13	1	960
	5. 5	SEX	6. COLOR OR RACE	7. MAI	RRIED NEV	ER MARRIET	D. B.	DATE OF BIRTH	1		AGE (In years ast birthday)	IFUNDER	1YEAR	IF UND	ER 24 HRS.
		M	W	WIDON	WED 🔲	DIVORCED		uly 6.	1958		2 yrs.	Months	Days	Hours	Min.
	10a	USUAL OCCUPATION	ON (Give kind of work	done 10t	b. KIND OF BU	SINESS OR	INDUST	RY 11. BIRTHPL	ACE (State	or foreign coun	try)	12. CITI	ZEN OF	WHAT	COUNTRY
	"	None	g life, even if retired)		None			Cumb	erla	nd Man	bralv	I	JSA		
	V3.	FATHER'S NAME			MOHO			14. MOTHER'S			y Daira		71.26		
I		Edward	C. Ather	7				Divie	T.ee	Klost	erman				
T	75.		ER IN U. S. ARMED FO		16. SOCIAL SEC	URITY NO.	17. IN	FORMANT	, nec	ILLOS	Address				
	(Yes	, no, or unknown)	(If yes, give war or dates of							Athey	1111	noole	Por		
		NO NO	ma (C.t. and and		None	d (a) 1		Luwart	10.	Achey	DI . U.	reen			
			TH [Enter only one cau TH WAS CAUSED BY:	we ber ii									ONSET	AND DE	ATH
		211	IMMEDIATE CAUSE (6)		MA	ningi	LUIS						-	1-2	Days
		-70	DUE TO			O.b.o.								11	
		Conditions, If o				201.6	puc	coccus	3					- "	
		(a), stoting the	DILLE TO												
		couse lost.) (c)								•				
	NO.	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTIN	G TO DEATH	H BUT N	OT RELATED TO	THE TERM	NAL DISEASE CO	ONDITION GIV	EN IN PAR	T 1(o) 19	. WAS	AUTOPSY RMED?
	CERTIFICATION								175				Y	ES 🔼	NO 🗌
	TIF	20a. EXTERNAL CAL	JSE WAS	b. DESC	RIBE HOW INJU	JRY OCCUR	RED. (Er	iter nature of in	jury in Port	I or Part II of	tem 18.)				
		CAUSE OF DEATH.	TIXIBOTII D												
	MEDICAL	20c. TIME OF INJUS	RY Month, Day, Yes	1000	d. INJURY OCC	CURRED 20	De. PLAC	E OF INJURY (lome, form,	20f. (City or	town)	(Cou	inty)		(Stote)
	AED.	Hour o.m.	19			while ork	TOCTO	ry, street, office	bidg., etc.)						
			at I taak charge	of the			d abay	e held an	Autansy	V Insn	ection 3.	Inquir	v [V]	and	find that
		The second secon	fram: Natural		-	dent [],			amicide	-	etermined o	-	-	unu	ima ma
		dedin resonica	nam. Harora	/	A, ricci	deiii [3010	ide [,	dillicide	L, Onde	i emineu c	dose [•		
		ACTUAL /	3. 1.	t. 6	6+)	CHIEF	EDICAL EV					DATE S	IGNED
1		SIGNATURE	unedici	.01	Cillin.	acc.		_m.u.		AMINER [
		EXAMINER'S								L EXAMINER					
		NAME (Type)	Benedict	SKI			L.D.			XAMINER [3]	Jan.		196		
	220	REMOVAL (Specify)	N, 22b. DATE THEREC	F				REMATORY		22d. LOCATIO				(Stat	e)
		Burlal	1-16-61				C BI	urial 1							
	23.	FUNERAL DIRECTOR		7 -	ADDR		35.3			BY REGISTRAR				_	
		James F.	. Scarpel	11	cumber	Tana	, Ma	•	DATE JA	IN 17'61	a	ribur S.	Mia	ra .	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed win	. A	15/	ME(5)
,	5M	9/	55	

X			LACE OF DEATH	egany		MARYLA		SUAL RESIDENCE (Where deced	sed lived. If Institu	ν	ce before Legar	
W.	7	b	CITY OR TOWN (If ond give nearest town) Cumbe		RURAL	c. LENGTH OF STAY IN	1b c.	CITY OR TOWN (porote limits, write			
0	60	d		ial Hospita		pital, give street oddress)	/d	Route 2			Tip.	100	IS RESIDENCE
			AME OF	Fin	st	Middle		Lost	4. DATE	Mont	h	Day	Year
	160		Type or print)	ALBE		EUGI NE		ENNETT	DEATH	Januar	у.	30.	1961
	191	5. 5	EX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED			No. 20	9. AGE In years lost birthday	IFUNDER IN	-	UNDER 24 HE
			Male	White	WIDOWED	DIVORCED [Dec.	. 24, 193	7	23 yn.	Months D	ays Ho	ours Min.
		10a.	uring most of working	g lite, even it retired)	1/	IND OF BUSINESS OR INC						1	HAT COUNTI
		13.	FATHER'S NAME	cary service	cer (al	scharged Seg) Chaney		Pa.	LIL	SA	
	T		0 7	e Dayton Be	ennett		1			Cmi +h			
1	1	15.	- 2	R IN U. S. ARMED FO			7. INFORM	livrtle	Agnes	Address			
				11f yes, give war or dates of 1957-1960		ocine secontri i i i	~		44 0-		1 - 4 - 4 -		D4 O
		_		TH Enter only one cau	on mar line 6	as (a) (b) and (a)]	001	yle Benne	cu, la	ther, I	lintsto		Rt. 2,
				H WAS CAUSED BY:			1	1 1 b	· Cal			INTERVAL ONSET AN	
			pan 15	MMEDIATE CAUSE (0)		ardiac fail	lure;	nydrot	norax	ascite	5	2-3	days
			270	X DUE TO							0	100	
			Conditions, if or gove rise to immed	iote couse	A	cute glomer	ulon	ephritis				1-2	wks.
			(o), stoting the u	nderlying DUE TO									
		-	couse lost.) (c).		NITRIBUTING TO DEATH A	LIT NOT DE	4000 00 0115 000					
	2	CATION	PARI II. OIH	ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH B	UI NOT KE	LATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	EN IN PART 1	1(a) 19. W Pl YES	ERFORMED?
		CERTIF	20g. EXTERNAL CAU PRIMARY gr CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED	D. (Enter no	iture of injury in Pa	rt I ar Part II	of item 18.)			
		MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yea	While		PLACE OF factory, stre	INJURY (Home, fari eet, office bldg., etc	m, 20f. (Cit	y or tawn)	(Cauni	iy)	(State
	000		21. I certify th	at I taak charge	of the re	emains described a	bave, h	eld an Autap	sy XI, I	nspection []	Inquiry	Π. α	nd find th
						Accident [],							
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	5		ACTUAL SIGNATURE	medie	1 M	Estarely	1 40	CHIEF MEDICAL E	XAMINER [D/	ATE SIGNED
	2		Part -				M.U.	ASSISTANT MEDIC	CAL EXAMINI	ER 🗍			
remaya			EXAMINER'S B	ENEDICT SKI	TAREI	IC		DEPUTY MEDICAL	EXAMINER]	ব			
		220.	BURIAL, CREMATION	N, 22b. DATE THEREO	F]:	22c. NAME OF CEMETERY	OR CREMA		-	TION (City, town,	or county)		(State)
ō			REMOVAL (Specify)		1961	Glendale Br	ethre	en Cem.	270	tstone. 1		JY	
1	1	23. [UNERAL DIRECTOR'S		701	ADDRESS			D BY REGIS		STRAR'S SIGN	ATURE	
) /	3/		Sohn	2. Hop	en.	Cumberland	, Md.	DATEE	B 3 '6	1 0.1	hun 2. 40	rand	
	9		7	1				1					
								British Co.					

002 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

18 Film28 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 00004

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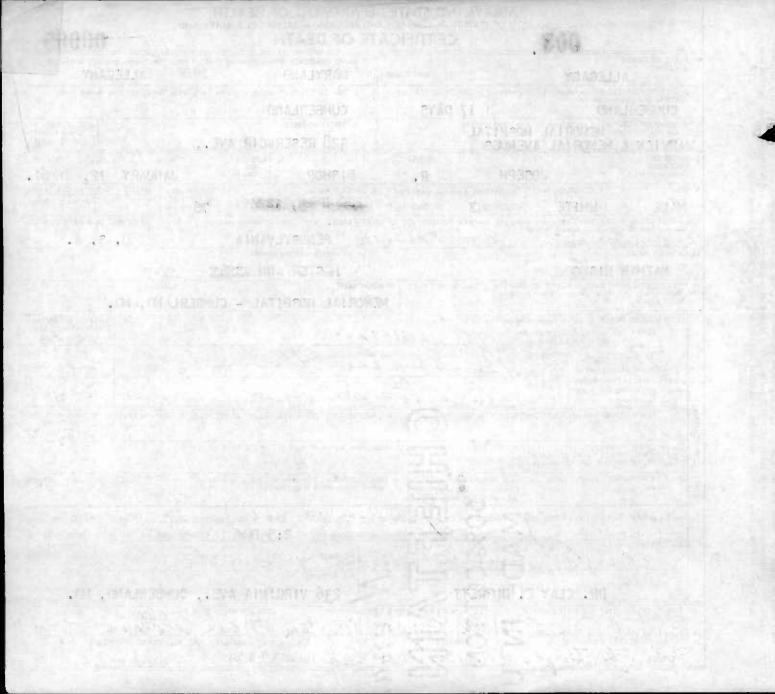
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

003

00005

1	1. PLACE OF DEATH o. COUNTY ALLEGANY		MARYLAND	2. USUAL RESIDENCE (W	/here deceased live	d. If institution b. COUNTY	Residence before ALLEGAN	
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)		OF STAY IN 16	c. CITY OR TOWN (IF		limits, write RUR	RAL and give nea	rest town)
Ğ	d. NAME OF HOSPITAL (HE POT IN POSSITO), SIN OR INSTITUTION MEMORIAL AVE		DAYS	d. STREET ADDRESS	RVOIR AVE			e. IS RESIDENCE ON A FARM? YES NO X
	3. NAME OF DECEASED First		Middle	Lost	4. DATE OF	Month	Day	y Yeor
	(Type or print) JOSE	PH	R.	BISHOP	DEATH			2, 1961.
	5. SEX 6. COLOR OR RACE WHITE	MARRIED NEW	VER MARRIED DIVORCED	B. DATE OF BIRTH MARCH 28,	1884		F UNDER 1 YEAR Months Doys	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work do	one 10b. KIND OF B	USINESS OR INIDU	STRY 11. BIRTHPLACE (Stot	e or foreign countr	γ)	12. CITIZEN OF	WHAT COUNTRY?
1	Kelised Trackman	BAD	· Kailor	PENNSY	LVANIA		U. S.	. A.
	13. FATHER'S NAME	18 19 4	1	14. MOTHER'S MAIDEN	NAME			
7	NATHAN BISHOP				INN ASCRUO			
	15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unknown) (If yes, give war or dates of sen			EMORIAL HOSP	ITAL - CU	Addres IMBER LA N		
	18. CAUSE OF DEATH [Enter only one cou-	se per line for (o), (b), one (c).]					ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	16	prove	nue			3	wife
	Conditions, if any, which) (b)	Par	aly	tre It	e un	na.	-	r wit
	gove rise to immediate couse (a), stating the under-lying couse last.	And	enos	eluos	23		1	o yu
3	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE CO	ONDITION GIVEN	N IN PART 1(o)	9. WAS AUTOPSY PERFORMED? YES NO D
		06. DESCRIBE HOW	INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II o	f item 18.)		
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	While _ Not w	f.	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City or t	own)	(County)	(Stote)
	21. I certify that (I) (this haspital)	1 107	690		06 0 to Ja			at (I) (we) last
	saw the deceased alive an	1496	and that	death accurred at 2	HMm the	causes and	an the date	stated above.
	Clary? 1	furre	TH.			TAFF HYS.		SIGNED
	22c. PHYSICIAN'S NAME (Type)			22d. ADDRESS		4750	114	
	DR. CLAY E	DURRETT		236 VIR	GINIA AVE	. CUMB	ERLAND,	MD.
	23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Jan 15	1961 Olu	ress Gron	e Well Com	nea	(City, town, or	lown	(Stote)
	John J. Hofer	Cant	Persond	and DATE A	C'D BY REGISTRAR		RAR'S SIGNATUR	
			-					

TO HOSPITAL VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 004 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY a. STATE ALLEGANY MARYLAND the d 2 MARYLAND b. CITY OR TOWN (if outside corporete limits. and c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give nearest town) CUMBERLAND, MARYLAND 3 DAYS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) CUMBERLAND. MARYLAND d. STREET ADDRESS 3. NAME OF TAL Middle DECEASED LYNN ABNER BISHOP DEATH JANUARY (Typa or print) rbon 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH last birthdey) Months Car MALE 49 WIDOWED DIVORCED T 1-2-1911 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) physicia WEST VIRGINIA, Oldtown Mil1 (C.A) Dept Textile 13. FATHER'S NAME ding EDITH ARNOLD ple ABNER BISHOF 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) CUMBERLAND. MARYLAND 217-10-757 MEMORIAL HOSPITAL has been signed by the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] pocardial Infaction Terio Selevatie Heart Discore PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting the underlying couse lest. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY as **USB** prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. ' 20c. TIME OF INJURY Month, Day, Yeer 20f. (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work DIRECTOR: 21. I certify that (1) (this maspital) attended the deceased from 12196 and that death occured at 2:25 PMom the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING STAFF X ന PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type (N. Small wood Street, Cumberlaso

23c. NAME OF CEMETERY OR CREMATORY

Mt. Tabor Cem.

death. Page X director, I VR A15 (4) 15M 9/60

certifical

death

24 FUNERAL DIRECTOR'S SIGNATURE Cumberland, Md. F. Scarpelli

23a. BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Specify)

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

Cumberland, Md.

ALLEGANY

Days

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e. IS RESIDENCE

Yeer

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO C

(State)

22b. DATE

SIGNED

ON A FARM? YES NO

HOMER RESEA

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MARYLAND	STATE	DEF	PARTMENT	OF	HEALTH	
						-

DIVISION OF	STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN
005	CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY	Allegany	MARYLA		usual RESIDENCE (W		lived. If institution b. COUNTY	n: Residence bef	
1	RURAL ond give n	If outside carporate limits, wri	te c. LENGTH OF STAY IN	11Ь	c. CITY OR TOWN (If		te limits, write RU		
-		TAL (If nat in haspital, give str		У	d. STREET ADDRESS		ms Stre	et	e. IS RESIDENCE ON A FARM? YES NO.
i	3. NAME OF DECEASED (Type or print)	Jennie	Middle M •		Brown	4. DATE OF DEATH	January		Year 19 61
	s. sex Female	White wind	ARRIED NEVER MARRIED		ATE OF BIRTH 1/15/1871		90 yrs.	Manths Doys	R IF UNDER 24 HRS. Hours Min.
1	Housewi	ON (Give kind of wark dane liking life, even if retired)	106. KIND OF BUSINESS OR		Lonaconi Mother's Maiden i	ng, Ma	aryland	12. CITIZEN C	S . A .
	13. FATHER'S NAME	Doniel Otuc			The second second				
1	/	Daniel Stua: ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFO	Jane Y MANTP. O. Egany Cou	Box 59			erland, Md
		mmediate the under-	honic &	yo	carder arteres	l Day	tasio quera crosio	tos	TERVAL BETWEEN ISET AND DEATH 7 8 M 7 9
)	PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	H BUT NO	TRELATED TO THE TERM	rate	CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER	DESCRIBE HOW INJURY OCC	CURRED. (E	nter noture of injury in	Port I or Port	II of item 1B.)		
	20c. TIME OF INJU Hour o. m. p. m.	, w	d. INJURY OCCURRED hile Not while work at work	De. PLACE factory	OF INJURY (Home, farr, street, office bldg., etc	m, 20f. (City o	or town)	(County	(State)
	21. I certify the saw the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME Type)	at (1) (this hospital) attended alive an 1/19 Ceees 3 Dr. James			22d. ADDRESS	_M, from t	he causes and STAFF PHYS. N	on the dat	22b. DATE 20/61 SIGNED
	23a. BURIAL, CREMATIC REMOVAL (Specify Burial 24. FUNERAL DIRECTOR	1/22/61	23c. NAME OF CEMETE Hilleres		ial Park		ON (City, town, or erland		(Stote)
				aryla		N 2 4 '61	The state of the state of	un S. Kras	

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. 25 (45)	entropies of the		10117.4
	in the second second		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral director, nauld be filed with may be rehark. by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by page 3 shauld be detached for use os the burial-transit permit. Then please remave carban papers. Pages 1 and 2 hours after death.

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

006

	LACE OF DEATH					. USUAL RESIDENCE	(Where decease		an: Residence b	pefore admi:	ssion)
/ a	. COUNTY	Allegany	7	MAR	YLAND	o. STATE Mar	yland	b. COUNTY	Alleg	any	
b	. CITY OR TOWN (If	autside carporate limit		LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside carpo	prote limits, write R	URAL ond give	nearest tav	vn)
	Frost			17 Yrs		12 Frost	burg				
d	. NAME OF HOSPITA	AL (If not in hospital, gi	ve street odd	dress)		d. STREET ADDRESS				e. IS RE	A FARMS
	119 Cent	ennial Si	t. Ex	td.		119 Cent	tennia	1 St.Ex	td.	YES [
3. N	NAME OF DECEASED	Firs	it .	Middle		Last	4. DATE OF	Man	•	Day	Year
	Type ar print)	Ma	rv	E.		Byrnes	DEATH	Januar	y 4	th,	1961
5. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARR	ED B.	DATE OF BIRTH		9. AGE (In years	Months Da	_	_
F	emale	White	WIDOWED	DIVORCE	D 🔲	May 1st,	1878	last birthday) 82 rs.	Monins Da	ys nours	Min.
	USUAL OCCUPATIO	N (Give kind af wark d ing life, even if retired)	ane 10b. KIN	ND OF BUSINESS	OR INDUSTI	Y 11. BIRTHPLACE (St	ote ar foreign o	country)	12. CITIZEN	OF WHAT	COUNTRY
	Housewi		Own	n housev	work	Maryla	and		U	SA	
13. F	FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
	John W.	Grimes				Margai	ret Sh	ea			
		IN U. S. ARMED FOR		CIAL SECURITY NO). 17. INFO	RMANT			Genten	nial	St.
(103,	, no, or unknown)	It yes, give war or dates of se		one	Mr	s.Anna Ro	obinso	n, Fros	tburg,	Md.	
	18. CAUSE OF DEA	TH [Enter anly ane co				1 1			1	INTERVAL E	SETWEEN
/	PART I. DEAT	TH WAS CAUSED BY:	OF	Tones	- 0	clounte	i a	ndia	- 1	DIAZEL AN	DEATH
	421	DUE TO			-						
	Conditions, if ar	Shirt)	72	11811	las	din	0.41		54 10	49	ears
	gave rise to in			ou cu		and	ac.			1	~~~
	cause (a), stating t	he under-								0	
z		ER SIGNIFICANT CON	DUMONS CON	NTRIBILITING TO DE	ATH BUT N	OT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	/EN IN PART 16	a) 19. WAS	AUTOPSY
CATION	0111	1	2013	1: +		or meaning to the te				PERF	ORMED?
	20g. ACCIDENT WA	S UNDERLYING D	20b. DESCRI	BE HOW INTURY	CCURRED	(Enter nature of injury	in Port I ar Par	rt II af item 18.)		163	בקטוו ב
Ÿ	OR CONTRIBUTING	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER)	Segeni	75	Journey.					ter.	
MEDICAL		Month, Day, Yea		JRY OCCURRED		E OF INJURY (Hame, f ry, street, affice bldg.,		y ar tawn)	(Cau	nty)	(State)
MED	Hour a.m. p.m.	19	While of wark [Not while at wark	10010	,, s con, arrice blug.,	012.7				
		t (I) (this haspital	attender	the deceased	fram /	0-1	1959 ta	1-4	1961	, that (I)	(we) las
	saw the deceas		-4			ath accurred at	H.M. fram	the causes ar			
	220. SIGNATURE	00.	1	0							2b. DATE
	X	C: De	ele		м.	D. PHYS.	MED. DIRECTOR	STAFF PHYS.		16	101
	22c. PHYSICIAN'S NAME (Type)			-/		22d. ADDRESS					
	TAME (Type)	H. C. Die	hl,		11	39 W. 1	Main S	t., Fro	stburg	Md	
23a.	BURIAL CREMATIO	N, 23b. DATE THEREO		23c. NAME OF CEA	METERY OR			TION (City, tawn,		-	ate)
B	REMOVAL (Specify)	1-7-61		St.Mich	ael	Cemeter		stburg,		M	Id.
	FUNERAL DIRECTOR'S			ADDRESS			EC'D BY REGIS		STRAR'S SIGNA	ATURE	
	1.19.	Ours		Frostbu	rg, l	id. DATE	9 '61	Circhu	1 S. Thou	4	

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MARYLAND STATE DEPARTMENT OF HEALTH

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	OF STATISTICAL RESEA		
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											7)
1. PLACE OF DEATH a. COUNTY	Allegany		MARYLA	AND	2. USUAL RESIDENCE (Who o. STATE Maryla		l lived. If institution b. COUNTY	on: Residenc			ion)
b. CITY OR TOWN (IF RURAL ond give ne Cumberla	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (IF o		rote limits, write R	URAL ond g	ive nea	rest town)
OR INSTITUTION	AL (If not in hospitol, g	give street	address)		d. STREET ADDRESS 506 Deca	tur St	reet		·		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Elwood		Middle John	(Lost Cannon	4. DATE OF DEATH	January	th	28		rear 19 61
5. SEX Male	6. COLOR OR RACE	7. MARE	NEVER MARRIED DIVORCED	_	Nov 13.1908		9. AGE (In years lost birthdoy) 52 yrs.	IF UNDER 1		Hours	R 24 HRS. Min.
10a. USUAL OCCUPATION during most of work Retire 13. FATHER'S NAME	ing life, even if retired)	KIND OF BUSINESS OR TMY SERVICE	INDUS	TRY 11. BIRTHPLACE (Stole Marylar 14. MOTHER'S MAIDEN N	nd	puntry)		S.		OUNTRY?
0++-	Cannon				Blanche	Teas					
15. WAS DECEASED EVE	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT	E Tiegs	RouteAdd	ress #3	Haz	en F	Road,
	If yes, give wor or dates of s	ervice) 2	14-26-8068	M	rs. Richard L	owman	Cumberl				
	TH WAS CAUSED BY: IMMEDIATE CAUSE (construction of the construction of the constructio		ne for (o), (b), and (c).]	00	clusion	,				RVAL BE	
PART II. OTH	S UNDERLYING [DITIONS (NOT RELATED TO THE TERMI			EN IN PART	1(0) 19	PERFO	AUTOPSY RMED? NO
	CAUSE OF DEATH MEDICAL EXAMINER)										
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. II While of wor	Not while	Oe. PLA foc	CE OF INJURY (Home, farm tory, street, affice bldg., etc.	, 20f. (City	or town)	(0	ounty)		(Stote)
21. I certify that saw the deceas		attend attend	led the deceased f		eath accurred at A		the causes an				we) last abave.
220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	V. Ler	EX	JR. MD),	A.D. ATTENDING ME DI 22d. ADDRESS	ED. RECTOR []	STAFF DHYS. D	nhvla	nd	1/30	SIGNED
230. BURIAL, CREMATIO REMOVAL (Specify) Burial	2/2/61)F	23c. NAME OF CEMET				ION (City, town,	or county)		(Stote	e)
24. FUNERAL DIRECTOR			Arlington	Nat	cional Cemete	BY REGIST	lington	STRAR'S SIG		rgin	ia
Ruth E. S.		lumbe		ryla				Clus & 1			
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VS. A15ME(5) 5M 9/55

MARYLAND ST	ATE DEPARTMENT	T OF HEALTH-	BALTIMORE,
008 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

Reg. Dist. No. 00010

1. PLACE OF DEATH Allegany	MARYLAND	2. USUAL RESIDENCE (Where	L COUNTY	Allega	The second second
b. CITY OR TOWN (If outside corporate limits, write R and give nearest fown) Cumberland,	c. LENGTH OF STAY IN 16 17 hrs.	c. CITY OR TOWN (If outs	ide corporate limits, write RU	IRAL and give ne	arest town)
d. NAME OF HOSPITAL OR INSTITUTION (IF A		d. STREET ADDRESS 304 N. Wa	verly Terra	ce	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) GILBER	T WILLIAM	COLE	PATE Month Jan.	Doy 17	Year 1961
Male White	VIDOWED T DIVORCED T	DATE OF BIRTH June 26, 190	7 lost birthday) M	UNDER TYEAR	Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if refired) Prop. 6 Owner	Meat Market	Bolivar,	W. Va.		WHAT COUNTRY?
John W. Cole		14. MOTHER'S MAIDEN NAME Alice A.			
15. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unknown) (If yes, give wor or dofes of sen		Ruth E. Co	Address le, 304 N.		land, Md y Terrac
PART I. DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which	CARDIAC TAMP	ONADE	OF AORTA	ONSET	Ly Hrs.
gave rise to Immediate couse (a), stating the underlying Cause last. PART II. OTHER SIGNIFICANT CONDITION	TIONS <u>CONTRIBUTING TO DEATH</u> BUT N	OT RELATED TO THE TERMINAL	disease condition given	IN PART 1(a) 19	
	DESCRIBE HOW INJURY OCCURRED. (Er	ter noture of injury in Port I ar	Part II af item 18.)		
20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19	20d. INJURY OCCURRED White Not white of work at work	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	Of. (City or town)	(County)	(State)
21. I certify that I took charge of death resulted from: Natural co		ide, Homicide	, Undetermined cau	- About	and find that
EXAMINER'S NAME (Type) BENEDICT SKIT		ASSISTANT MEDICAL EXAMINATION OF THE PROPERTY MEDICAL EXAMINATION	AMINER [Y 17. 10	961
220. BURIAL, CREMATION, 22b. DATE THEREOF BUTTal 1/20/61	22c. NAME OF CEMETERY OR C		LOCATION (City, town, or coumberland.	county)	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Cumberland, Md.	240. REC'D 8Y DATE AN 2	REGISTRAR 24b. REGISTRA	AR'S SIGNATURI	

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HELD THOU	3014	Alexandra (Transpersor)				
ENGY				A The state of		
		Courter of				
		The state of the state of				
				Jan 19 July 1	\	

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill thin by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it appears, within 72 hours after death.

15M 9/60

MARYLA	ND STATE DEPART	MENT OF HEALTH	
DIVISION OF STATISTICAL RESEARC	H AND RECORDS, 301 V	W. PRESTON STREET, BA	LTIMORE 1, MARYLAND
009	CERTIFICATE OF	DEATH	0001

	PLACE OF DEATH				2. USUAL	RESIDENCE (Wh			enca befora admission)
1	a. COUNTY	legany		MARYLAND	a. STATE	yland	b. CO	llegan	īV
-	b. CITY OR TOWN (if	Legany outsida corporate limi giva naarest lown)	its,	c. LENGTH OF STAY IN 16		The same of the sa	corporata limits, w	rita RURAL and giv	e naarast lown)
10				6Aure	Cumbe	rland.		02	
-	d. NAME OF HOSPITA	AL OR INSTITUTION	if not in hos	64yrs		ADDRESS		1	. IS RESIDENCE
	308 Peni	nsylvania	a Ave		308	Pennsyl			YES NO E
3.	NAME OF DECEASED	First		Middle	Last	4. DA		nth Da	y Yaar
	(Typa or print)	lmma	L	ena Co	llins	DE	ath Jan.	I7,	19 6 I
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRT	гн	9. AGE (In year	IF UNDER 1 YEA	
	F	W	WIDOWE		Dec. 2	7, 1882	78 yrs.	Monins Days	Hours Min.
10a	e. USUAL OCCUPATION on a during most of work	ON (Give kind of work king life, even if ratire	k 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPL	ACE (County & Sta	te, or foraign count		OF WHAT COUNTRY?
	Housewif	e	Own	nhome		mas, Pa	•	USA	
13.	. FATHER'S NAME					S MAIDEN NAME	Tood wind		
1_		otts	***			thella	Goodrich		
	. WAS DECEASED EVE as, no, or unkown) (If				INFORMANT		Addr		
	No				Richard	J. Col.	lins 308	Pa. Av	e.
			cause per	ine for (a), (b), and (c).]	11-4		0 0		NTERVAL BETWEEN
		WAS CAUSED BY: MMEDIATE CAUSE (a)	d	Elekio O	clarate	c va	sewar	ouses	
	260	X DUE TO					Adva	max 1	Dinee
	Conditions, if any,								1900.
	gava risa to immadia	ita causa		X . 1	1		1		Diago
	(a), stating tha un	darlying	1	Valote	5 a VI	lelle	lus		1000
z		SIGNIFICANT CONDI	TIONS CO	TRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DIS	EASE CONDITION O	GIVEN IN PART 1(a)	19. WAS AUTOPSY
15									PERFORMED?
5	20a. ACCIDENT WA	S LINDERLYING	20h DES	CRIBE HOW INJURY OCCURE	D (Enter natura c	of injury in Part Lor	Part II of itam 18.1		I II I NO I
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH		JONES HOW HOOK! OCCUR.	D. (Ellier librare o	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7011 17 01 110111 1017		
WEDICAL	20c. TIME OF INJUR	Y Month, Day, Ya		,	ACE OF INJURY	(Home, farm, 20f.	(City or town)	(County)	(State)
MED	Hour a.m.	19	While at wor	1401 1111110	1	1			
	21. I certify th	at (I) (this hospi	(al) atten	ded the deseased from	-	19.6	10 1-1		that (I) (we) last
	saw the decease	ed alive on		0 196/ and tha	at death occur	red at 2: 15	from the cause	s and on the	date stated above.
	22a. SIGNATURE	and 1	OX		/		STAFF		22b. DATE
		11.	DUI	Miraus	M.D. PHYS.	MED. DIRECTO	R PHYS.]	1-18-67
	22c. PHYSICIAN'S				22d. ADI		I CI-	C	land Ma
	NAME (Typa)	W.F. Wil	lliam	ıs	12	2 S Cen	tre St.	Cumberl	Lana, ma.
23	a. BURIAL, CREMATIC	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATOR	Y 23d.	LOCATION (City,	town or county)	(State)
	REMOVAL (Specify) Burial	I-20-6	I	Rose Hill	Cem.	Cu	mberland	d, Md.	
24	FUNERAL DIRECTOR			ADDRESS		25a. REC'D BY	REGISTRAR 25b.	REGISTRAR'S SIGN	IATURE
	James F	. Scarpe.	lli	Cumberland	,Md.	DATE JAN 2	1 '61	Tithun S. Kr	ALLA
1									

Maryl nd Liveny (nagolia Cayrs Camberland. Camberland, 306 Fennsylvania Ave 508 Pennsylvania Ave 5 m Leng Collins Jan. 17, 51 rest Dec. 27, 1882 78 Artenbe, Is. Vertenberg Bonswille Zadow Hobet Low rd . T. Collins and the very Chita to a Margalite College Selection of William I Demoster Helleter -.b. Dentredent . 32 eganet H Sci

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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CERTIFICATE

ER	1											
V 14		PLACE OF DEATH				11		NCE (Where	deceesed lived, If i		ence before	edmission)
1		ALLE	GANY		MARYLAND	MARYLAND 6. COUNTY ALLEGANY						
	ь	b. CITY OR TOWN (if	outside corporete limi	ts,	c. LENGTH OF STAY IN 16		CITY OR TOWN	(If outside co	rporete limits, write	RURAL end giv	e neerest to	vn)
		CUMBERLA	give neerest town)		12 DAVE	X	ROUTE #4	. CUMB	ERLAND. N	D.		
	0			f not in her	I3 DAYS		STREET ADDRES					ESIDENCE
0		A Charles Charles as a second	& WARWICK		SPITAL							A FARM?
	3. 1	NAME OF	First	4 4 6 3 .	Middle	11	Lost	4. DATE	Month	De	-	
	1	DECEASED (Type or print)						OF DEAT				,
	5.		RONAL		ROY	0 0 1 7	COOK		JANUAN			61 24 HRS.
			6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED X	8. DAI	E OF BIRTH		9. AGE (In yeers lest birthdey)	Months Days		Min.
		MLE	WHITE	WIDOWE			Y 30, 19	147	13 yrs.		10/	
	10e. don	 USUAL OCCUPATI ne during most of wor 	ON (Give kind of work	d) 10b. K	IND OF BUSINESS OR INDUS	RY 11.	BIRTHPLACE (Co	unty & Stete, o	or foreign country)	12. CITIZEN	OF WHAT	COUNTRY?
		Studen	t		ade school	Ct	JMBERLAND	, MD.		U. S	. A.	
	13.	FATHER'S NAME					MOTHER'S MAIDE					
1		CLYDE DAY	TON COOK			FR	RANCES GR	OVE				
1		WAS DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	-	RMANT	-	Address			
	(Yes		yes give we ror detes of s	ervica)	None							
	-	NO 18. CAUSE OF D	EATH (Enter only one	cause per l	None	MEN	HORIAL HO	SPITAL	-CUMBERLA	NO, MO	NTERVAL BE	TWEEN
			WAS CAUSED BY:		12.1.11	/	1		1		DNSET AND	DEATH
		100	MMEDIATE CAUSE (e)		Cerebell	cer	Muni	cn	- Witter	100 an	14M	inst
		13.	DUE TO							120		
9		Conditions, if eny	(-1									
		gave rise to immedia (e), steting the un	DUIT TO									
		ceuse lest.	(c)				1					
	NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT I	OT REL	ATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART 1(e)	19. WAS	AUTOPSY DRMED?
47	ITY		Mice	Exercial.	an Alio	40	E.				YES X	NO O
		20e. ACCIDENT WA		20b. DES	CRIBE HOW INJURY OCCUR	D. Ente	r nater a of injerty i	n Part I or Part	I II of item 18.)			
100	CER		MEDICAL EXAMINER)			1	· ·					
	AL	20c. TIME OF INJU	RY Month, Dey, Ye	er 20d.	INJURY OCCURRED 20e, PI	ACE OF	INJURY (Home, fe	orm, : 20f. (C	ity or town)	(County)		(Stete)
	MEDICAL	Hour e.m.		While	Not While fe		reet, office bldg., e					
	X	p.m.	19	et wor	k et work							
		21. I certify the			ded the deceased from	1	2.	00 P M	oJan	, 19.9%,	that (1)	(we) last
		saw the deceas	ed alive on	4-3/	19.6/., and th	at deat	th occured at.	00 P.M	m the causes	and on the		
		220. SIGNATURE		1	AL		ATTENDING :	MED.	STAFF		22	SAGNED
73		MIL	could	ule i	EX)		PHYS.	DIRECTOR	PHYS.		2/3	161
Н		22c. PHYSICIAN'S					22d. ADDRESS		The same of the sa		-	
		NAME (Type)	DR. G. O.	HIMME	LWRIGHT		133 VI	RGINIA	AVENUE			
	23e.	. BURIAL, CREMATI	ON, 23b. DATE THE	REOF	23c. NAME OF CEMETER	OR CE	REMATORY	23d. LO	CATION (City, tov	vn or county)	(Stete)
		REMOVAL (Specify) Burial	2-3- 6	T	Sunset Memo	ria	1 Park	Cumb	erland 1	Md.		
-	24	FUNERAL DIRECTOR			ADDRESS				ISTRAR 256. REC		ATURE	
3)	-		F.Scarpe	kki (Cumberland, M	Id.				other S. H		
-		0 411.00					I DATE .	-				

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TOTAL MENTS IN 108 TIAL CAREERAND, INC.

BR. C. O. MINTELLIRIGHT ... THOUSELING A VENE

DESCRIPTION OF STREET RESOLUTION OF THE CONTRACT OF THE PROPERTY OF THE PROPER

Jakes W. downwell's Gu perhone, M. Mal W William

- M. 9 - 00 - 8

be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE MARYTAND
b. COUNTY ALLEGANY a. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUPATION MARYLAND CUMBERLAND, MARYLAND should d. NAME OF HOSPITAL (If nat in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 624 N. CENTRE STREET HEART HOSPTIAL YES NO 0 NAME OF 4. DATE OF DEATH First Middle 61 COUGHENOUR ELLA MAE death. (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 2/18/85 last binthday) ofter Manths Days Hours WHITE FEMALE WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? hours during most af warking life, even if retired) UNITED STATE PA. Own home Housewife pon 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ö .⊆ DELLA GLESNER XXXXB (D) WITH Albert Glesner remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Lee Moyer Cumberland, Md. No None pleose 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO permit. removol Conditions, if ony, which (b) gove rise to immediate DUE TO couse (a), stating the underlying couse lost buriol-tronsit 50 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremotion, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) os the buriol, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m While Not while at work of work detoched for 190/, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. , and that death occurred as A.M. from the causes and an the date stated above. Health saw the deceased alive an DI ECTOR: 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED STAFF M.D DIRECTOR _ PHYS. poge 3 should the State Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type TO FUNERAL DR. E. BRINGS GreeneSt Cumberland Md 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Specify) Jan. 18. 1967 Cemetery Cumberland. Md. Buria Rose Hill 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JAN 1 7 '61 Byron Kight Cumberland, Md. arthur S. Kraus

director ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page funerol 2.

filled completely physicion ottending the þ gned been si hospital or attending physician hos After this certificate by the

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M. Jade- C. Les MEZATIO STATE TOUR STATE

MARYLAND STATE DEPARTMENT OF HEALTH OPPRESSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	V		CEKTIFICA	IE OF DE	АІП				JULIA	.J
1. PLACE OF DE o. COUNTY	ALLEGANY		MARYLAND	2. USUAL RESID		here deceased lived	. If institutio b. COUNTY	n: Residence		mission)
RURAL ond	DWN (If outside corporate li give nearest town) BERLAND	mits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO		outside corporate li	mits, write RL	JRAL ond gi	ve nearest i	tawn)
d. NAME OF OR INSTITU	HOSPITAL (If not in hospital	, give street ac		d. STREET AT	DDRESS	OP DRIVE	1		0	RESIDENCE
3. NAME OF DECEASED (Type or print		First LTER	Middle Paul	CRABTRE	E	4. DATE OF DEATH	Mont JA NUA	h RY	Doy	Yeor 1961
S. SEX		7. MARRIE	DIVORCED DIVORCED	B. DATE OF BIRTH	14. D	892 9. AC	E (In years to birthday)			INDER 24 HR
Retired	of warking life, even if retire Police Office	ed)	ind of Business or Induty Police Dep	t. MARY	LAND	or foreign country			S.A.	AT COUNTRY
13. FATHER'S NA		D CRABI	REE	14. MOTHER'S			TEYERS			
1S. WAS DECEAS (Yes. no. or unknown Yes	ED EVER IN U. S. ARMED FI			MORIAL H			Addr		•	
	OF DEATH [Enter only one I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(o) Cer	for (o), (b), and (c).] ebral vascu	lar acc	ider	nt			INTERVA ONSET A	L BETWEEN
gave rise couse (a), lying caus		(c)	rioscleroti						1(o) 19. W	years
PART OR CONTRI (IF EITHER, I	ENT WAS UNDERLYING DUTING CAUSE OF DEAT	20b. DESCE	RIBE HOW INJURY OCCURR	ED. (Enter noture of	injury in	Part I or Part II of	item 18.)		YES	D NO
20c. TIME OI Haur	INJURY Month, Doy, o. m. p. m. 15	While	Nat while fo	LACE OF INJURY (Factory, street, office			wn)	(C	ounty)	(Stat
100	leceased alive an	al) attende - 16	d the deceased fram. 1961, and that	death accurred		47, A-Hahe				(1) (we) lasted abave 22b. DATE SIGNE
22c. PHYSIC NAME (Dale H W. Bl	ALLIN	M.D. ATTENDING PHYS. 22d. ADDRE 62 GR	SS		PSERLAN	D, MD	.1-1	
230. BURIAL, CRI REMOYAL (! BUTIAL		EOF	23c. NAME OF CEMETERY OF Hillcrest Bu			23d. LOCATION Cumber	(City, town, o			(State)
	ector's signature . Hafer, Cumb	berland	ADDRESS Maryland			D BY REGISTRAR		TRAR'S SIG		
JOHN J	· Hor el. Omir	er rand	b ran A Taria		DAIR	6301	1	1 8 fs		

TO HOSPITAL R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be reported by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in the funeral director, page 3 shauld be detoched for use as the burial-transit permit. Then pleose remave carbon papers. Pages 1 and Ashauld be filed with the State Board of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

OWSPSCHUD 2/ML ÉT STAJAISENED AND THE PROPERTY OF THE PROPER MILE WHITE ENGLISHED A PARTY STREET STREET STREET direction of the form of the contract of the c , GU., CHALLES BLOOKE LIMITERS IN LINE TO SEE THE SECOND AND SECON peaks in the method deposit of the control of the second s CALCON CALCONN, EALLIN ... DE CHEENE ST., CUMERIAMA, NO. J ALCONN

TO HOSPITAL A ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pages may be reported by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 1 should be filed with the State Board of Health prior to burial, cremation, or remaval, and no event, within 72 haurs after death. VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CO	ni	4
		_

1. PLACE OF DEATH o. COUNTY	EGANY		MARYL	AND	a. STATE	PYT. A		lived. If instituti b. COUNTY		ce befor		ion)
b. CITY OR TOWN (f outside corporate limi	its, write	c. LENGTH OF STAY II	N 1b				ote limits, write R			-)
RURAL ond give no	BERT AND		11 2 days		02 0	MBERI	CIMA.					
d. NAME OF HOSPIT	AL (If not in hospitol, g	ive street			d. STREET A	A SHALL SHAL	TOTAL STATE			-	. IS RES	IDENCE
	CRED HEART				21	2 S.I	LEE ST.		30.5			NO 🔯
3. NAME OF DECEASED	Fir	st	Middle		las	t	4. DATE OF	Mon	th	Day	,	Yeor
(Type or print)	JAM	ES	PRNE	ST	CRA	MER	DEATH	JAN	VUARY	6	, 1	1961
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIES		8. DATE OF BIRT	1		9. AGE (In years last birthday)	IF UNDER Manths			
MATE	WHITE	WIDOW	DIVORCED		7-15-1	898		620 yrs.	Manths	Days	Hours	Min.
10a. USUAL OCCUPATION	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (State	or foreign co		12. CITI	ZEN OF	WHATC	OUNTRY?
CAR INSPE	king life, even if retired	, L	Vestern Md.	RR.	TV.	ARYI.	AND		II.	S.A		
13. FATHER'S NAME	101 016	1 .	,000021, 2.4.	10100	14. MOTHER'S							
WILLIAM F	CRAMER				CT.AF	A BED	INER CE	RAMER				
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	T DIN	William OI	Add	ress			Md.
(Yes, no. or unknown)	(If yes, give war or dates of s	ervice)		Mar	s. Jam	5 C	ramer	212 S	. Le	0 6		-
	TH (Enter only one or	wee per li	ine for (a), (b), and (c).1	MIT	s. oam	5 U.	ramer	614 3	Le		RVAL BE	TWEEN
	TH WAS CAUSED BY:									ONS	ET AND	DEATH
	IMMEDIATE CAUSE (erebral va	SCI	llar ac	cide	nt.			+1	6 d	ays
1 422	DUE TO										,	
Canditions, if a	ny, which) (b	Art	terioscler	oti	e card	io-v	ascul	ar dise	ase	-	4 y	ears
cause (a), stating												
lying cause lost.) (c	:)(:										
PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THETERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
3	Rheuma	toid	l Arthriti	S							YES 🗌	NO 🗗
☐ OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRE). (Enter noture o	f injury in	Port I or Port	Il of item 18.)				
S 20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. I	INJURY OCCURRED		CE OF INJURY			or town)	(0	County)		(Stote)
20c. TIME OF INJUR Hour o. m. p. m.	19	While at wor		foc	tory, street, office	bldg., etc	c.)					
			ded the deceosed f	,	7 20	10	E77.	7 /	10/	7 .1	. (1)	
									-			
220. SIGNATURE	sed olive on 1	- 2	19_67, ond	that d	eoth accurred	1 01 2	cM, from	the causes or	d on the	date		b. DATE
210. SIGNATURE	Euga lo.	13.	ellis .		M.D. ATTENDIN	G M	NED.	STAFF PHYS.		H	241	SIGNED
22c. PHYSICIAN'S NAME (Type)					22d. ADDR	ss 6	2 Gre	ene St.				
, , , , , , , , , , , , , , , , , , ,	DR. RALPH	BALL	IN, M.D.			C.	umber.	land, M	id.	1-	6-6.	1
23a. BURIAL, CREMATIC REMOVAL (Specify)			23c. NAME OF CEME			I A		ION (City, town,	or county)		(Stot	'e)
Burial		1961		n_V	iew_Cer			rpsburg	STRAR'S SIG	Chiatin	05	
24. FUNERAL DIRECTOR	e George.	Си	mberland,	Md			D BY REGIST					
	3001		mbol Aunu,	101 CL		DATELAT	9 '61	ant	hun S. 1	Thoma		

#4124 Ph-142 H. hit. A CALL THE SERVICE OF THE SERVICE OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 012

CERTIFICATE OF DEATH

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v	V	للدر	83

	07.3			O. D			-	0075
1. PLACE OF DEATH o. COUNTY		MARYLA	1 0	JSUAL RESIDENCE (Who		d. If institutio	n: Residence	befare admission)
ATJ	LEGANY	MAKTLAI	NU	MARYLA	ND		ALLEGA	INY
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If or	utside corporate l	imits, write RL	RAL and give	e nearest tawn)
RURAL and give	MBERL AND	3 days	O	2 CUMBER	LAND			
d. NAME OF HOS	PITAL (If not in hospital, give street	t address)		d. STREET ADDRESS				e. IS RESIDENCE
OR INSTITUTIO	CRED HEART			16 WII	LISON P	LACE		YES NO
3. NAME OF	First	Middle		Last	4. DATE	Mant	h	Day Yeor
(Type or print)	CHARL	es fl	OYD	DAVIS	OF DEATH	JAN	IUARY	7, 19 61
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DA	TE OF BIRTH	9. A	GE (In years		EAR IF UNDER 24 HR
MALE	WHITE WIDOW	VED DIVORCED [□ M.	ay 3,0190	0 6	of birthday) of yrs.	Months De	bys Hours Min.
	TION (Give kind of work done 10b	. KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State	ar fareign country	r)	12. CITIZE	N OF WHAT COUNTRY
RETTRE	orking life, even if retired) D Brakeman	B & O RATLRO	AD	Oldtown,	Maryla	and	U.	S.A.
13. FATHER'S NAME	756-1-1870-3-7		14	. MOTHER'S MAIDEN N	AME	3.7		
CHARLE	S DAVIS			Nellie	V. Twi	igg		
15. WAS DECEASED E	VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	17. INFOR	MANT		Addr	ess	
No.	(ir yes, give wor or odies or service)		Rich	ard H. Da	vis 22	Va. A	ve.,	Cumb. Md
18. CAUSE OF D	DEATH [Enter only one couse per I	line for (o), (b), and (c).]	1	,	1			INTERVAL BETWEEN
PART I. D	DEATH WAS CAUSED BY:	acute Con	geste	ne Heart	Fail	une		ONSET AND DEATH
6 .	DUE TO	1	1					
20	200	3	5.	1.	,			11.1.
Conditions, if		uning		mengo	na			anne
cause (o), stotie	DIJETO	1	+					
lying cause lo		Tranche	Leni					Unlenow.
Z PART II. C	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1	(D) 19. WAS AUTOPSY PERFORMED?
PART II. C	Bruckoper	reuma						YES NO
T 20- ACCIDENT	WAS UNDERLYING T 206. DE	SCRIBE HOW INJURY OCC	URRED. (Er	ter nature of injury in F	ort I or Port II o	f item 1B.)		
OR CONTRIBUTION	NG CAUSE OF DEATH							
\$ 20c. TIME OF INJ	TURY Month, Doy, Year 20d.	INJURY OCCURRED 20	e. PLACE	OF INJURY (Home, farm,	20f. (City or to	own)	(Cou	inty) (Stote
Y 20c. TIME OF INJ	10		foctory,	street, office bldg., etc.)			
	n.	ork at work				-		4
21. I certify t	hot (I) (this hospital) atten	ded the deceosed from	om	Jun 190	ta	gon	, 19	, that (I) (we) los
	eosed alive on Tour	19.6/ , and th	nat death	accurred at	M, from the	couses an	d on the c	dote stated above
22o. SIGNATURE		,				3311		226. DATE
	L. Muchael	Glich	M.D.		RECTOR P	TAFF HYS.		1/8/61
22c. PHYSICIAN' NAME (Type		GLICK		126 N. S	MALLW	0055	t. Cur	n BERLAND
23a. BURIAL, CREMA	TION, 23b. DATE THEREOF	23c. NAME OF CEMETE	RY OR CR	EMATORY	23d. LOCATION	(City, town, c	or county)	(Stote)
Buria la	1/10/61	Zion Memo	rial	Cemetery	Cumbe	rland	Md.	
24. FUNERAL DIRECTO		ADDRESS	Md		BY REGISTRAR		TRAR'S SIGN	
n. wayr	ne George Cu	imberland,	Md.	DAJEAN	1 0 '61	with	of S. the	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retrined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 and 25 shauld be filled with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH LAND

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04	DIVISION OF	STATISTICAL	RESEARCH	AND REC	ORDS —	BALTIMORE	1, MARY
Ui	5 DIVISION OF	CE	RTIFICA	ATE C	F DEA	HTA	

										100	-
1. PLACE OF DEATH a. COUNTY ALL	EGANY		MARY	LAND	2. USUAL RESIDENCE (Was STATE	H. H.	l lived. If institution b. COUNTY			admissi	
RURAL and give CUMBERL	AND		c. LENGTH OF STAY		c. CITY OR TOWN (IF	-	rate limits, write RU	JRAL and g	give near	est tawn	1)
d. NAME OF HOSE OR INSTITUTION ME MOR I A L					d. STREET ADDRESS	ORD ST	REET			ON A	FARM?
3. NAME OF DECEASED (Type ar print)	Fii GA	RNET	Middle		Lost DAVIS	4. DATE OF DEATH	JA NUAF		Day 12		Year 19 61
s. sex	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MARRIED DIVORCE	LA	JANUARY 5,	1906	9. AGE (In years last birthday) 55 yrs.	IF UNDER Manths	1 YEAR I Days	Haurs :	Min.
Presider	arking life, even if retired)	kind of Business of		· · · · · · · · · · · · · · · · · · ·	1D	ountry)		J. S.		OUNTRY
13. FATHER'S NAME	0.1110				14. MOTHER'S MAIDEN						
	DAVIS VER IN U. S. ARMED FOR	CES2 16	SOCIAL SECURITY NO	17 IN	NORA WIL	.SON	Addr	ess			
Yes, no. or unknown)	(If yes, give war or dates of	ervice)	4 05 5670			PITAL	- CUMBERL	S. S	MARY	LAN	ID
	EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (c	0	he far (a), (b), and (c).] mlæ	the Beat!	alen					DEATH
Canditians, if gave rise ta cause (a), statin lying cause las	g the under-)	Quaral	رز	artenoccles	News				1- 2	2413
PART II. O			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TER/	MINAL DISEAS	E CONDITION GIV	EN IN PAR		PERFO	AUTOPSY RMED?
E 20g. ACCIDENT V	VAS UNDERLYING AG CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRED). (Enter nature of injury in	n Part I or Por	t II of item 18.)				
Y 20c. TIME OF INJU	. 10	or 20d. It While at war	NJURY OCCURRED Nal while k at wark	20e. PLA fac	CE OF INJURY (Hame, far tory, street, affice bldg., e	rm, 20f. (City	ar tawn)	(0	Caunty)		(State
saw the dece	nat (I) (this haspita ased alive an	,	led the deceased		7 • 1	9 60, 10- 11 P M	the causes an	, 19 <u>G</u> d an the		stated	abave
	elle P	Lean	س		M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.			22	b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type		MERK	MM. P. IAME	S	22d. ADDRESS	CENTRE	ST., CUI	MBERL	AND.	MD.	
23a. BURIAL, CREMAT REMOVAL (Specif Burial		961	23c. NAME OF CEM Mt. Tab	-	R CREMATORY	23d. LOCA	tion (City, town, operland,	ar caunty)		(Stat	-
24. FUNERAL DIRECTO		701	erland, Md			C'D BY REGIST	TRAR 2Sb. REGIS	STRAR'S SIG			

TO HOSPITAL AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be rety to by the hospital ar attending physician.

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VR A15 (4) 1SM 9/S9

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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 017 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00018

Reg. Dist. No.

1,	PLACE OF DEATH a. COUNTY	Allegany		MARYL			DENCE (Waryl		b. COUNT		ege		usion)
	b. CITY OR TOWN (If and give nearest lown)		RURAL	c. LENGTH OF STAY IN		c. CITY OR T	OWN (IF	outside cor	porate limits, write		-1-5		vn)
-	CumberL			58 year	rs			rlan	d				
		nd Ave.	f not in ho	spital, give street address)		d. STREET AC		rand	Ave.			ON	SIDENCE A FARM?
3.	NAME OF	Fin	*	Middle		Last		4. DATE	Month		Day	ν,	ear
	(Type or print)	Stell		F.	De	eering		OF DEATH	Jan.		2		61
5.	SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED	B. D	ATE OF BIRTH			9. AGE (In years	IF UNDER 1	YEAR		R 24 HRS.
F	emale	White	WIDOWE			arch 6	,188	34	76 yrs.	Months [ays	Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	lone 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLA	CE (State	or foreign o	country)	12. CITIZ	EN OF	WHAT	COUNTRY?
	during most of working Housewii	e even ir retired)	01	wn Home		Buck	vall	Ley,	Pa -	150	USA		
13	3. FATHER'S NAME				1	4. MOTHER'S M							
	Wil	liam P. 1	Lash.	ley		Harr	iett	Nor	thcraft				
15	. WAS DECEASED EVE	R IN U. S. ARMED FOI	CES? 16.		17. INF	ORMANT			Address				9.7910
(1)	no, or unknown)	(If yes, give war or dates of :	ervice)	6 1 1 4 5	Mi:	ss Oli	ve I	Deeri	ng, Cumb	erlan	d,	Md.	
F		H [Enter only one cau	e per line	for (a), (b), and (c).]							INTER	VAL BETWE	EN
	PART 1. DEAT	H WAS CAUSED BY		CORONARY	00	CCLUSI	ON				ONSE	UDD	N
1	420	DUE TO	-	5									
1	Canditions, if an			CORONARY	Z	SCLERO	SIS					*	Tall 19
	gave rise to immedi (a), stating the u	iate cause											
	cause last.	(c).										2.5	
Z	PART II. OTH	ER SIGNIFICANT CON	TIONS CO	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO T	HE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	PERFO	UTOPSY
CERTIFICATION											Y	ES [NO [
RTIFI	20a. EXTERNAL CAUPRIMARY ☐ or CONCAUSE OF DEATH.	SE WAS	. DESCRIB	E HOW INJURY OCCURRE	D. (Ente	er nature af inju	ry in Part	I ar Part II	of item 1B.)	AT VE			
			SAME I							261			
MEDICAL	Hour a.m.	Y Month, Day, Yea	While		PLACE	OF INJURY (Ho , street, office b	ome, farm oldg., etc.)	20f. (City	ar town)	(Cour	nty)		(State)
-		at I took charge		remains described	abave	he)d an	Autonsy	v 🗆 1	nspection X.	Inquir	ואס י	and f	ind that
т				Accident [],					ndetermined c		hz.	una	ma mai
18	1	2	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 110	micrae	Ц,	nacieiiiiiiea e	оозе <u> </u> .			
	ACTUAL 6	Sounde	t	16. tobal	1/	CHIEF ME	DICAL EX	AMINER [DATE S	GNED
	SIGNATURE	AMELIAA	NX.	minuces	1.22	W.D.		AL EXAMINE	· 🗆				
	EXAMINER'S NAME (Type) BE	nedict Sh	citar	celic, M.D.				EXAMINER [2, 1	96]		
22	o. BURIAL, CREMATION			22c. NAME OF CEMETER				22d. LOCA	TION (City, town, o	r county)		(State)
	Buris (pecify)	1-5-19	Lo	Rose Hill	Ce	metery		Cumb	erland,	Md.			
23	. FUNERAL DIRECTOR'S			ADDRESS		2	14a. REC'E	BY REGIST	RAR 24b. REGIS	TRAR'S SIGI	NATUR	E	
7	James F.	Scarpell:	1, C	umberland,	Md	• 1	DATEN	4 '61	Onthe	v 8 46	AUA		

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

	1. PLACE OF DEATH o. COUNTY	ALLEGANY		MARYLA		O. STATE MA	E (Where	deceased liv	ed. If institution b. COUNTY	n: Residence	LEGAN	ission)
	FROSTI	BURG		3 DAYS	16	c. CITY OR TOWN	OSTB		limils, write R	URAL ond g	ive nearest to	wn)
	d. NAME OF HOSE OF INSTITUTION MINERS	HOSPITAL	ive street ad	dress)		d. STREET ADDRI		NTENI	NIAL S	T.	ON	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	GRANT	st	Middle U •	D	EIBLER	4.	DATE OF DEATH	JANUA		^{Doy} 27,	1961
)	S. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED	NEVER MARRIED DIVORCED [AY 18,	1874		AGE (In years last birthdoy) yrs.	T	Days Hour	1
	during most of we RETTRED 13. FATHER'S NAME	FION (Give kind of work of ching life, even if retired) FARMER		ND OF BUSINESS OR I		PENN 4. MOTHER'S MAI	SYLV	ANIA	(y)	100	J.S.A	
	OBED DE 1S. WAS DECEASED EV (Yes, no. or unknown)	ETBLER VER IN U. S. ARMED FOR (If yes, give wor or dales of se	ervice)	OCIAL SECURITY NO.	17. INFO	LYDIA RMANT FRANC			NGHAM,		STBUR	G, MD
		g the <u>under-</u> DUE TO	Gas	for (o), (b), and (c).]	tone	tie Va	eral	<i></i>			INTERVAL ONSET AN	BETWEEN ND DEATH
	CATIC	THER SIGNIFICANT CONI TERMINAL VAS UNDERLYING [IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	16	KERRELLER TO DEATH	nea	_				EN IN PART	PER	S AUTOPSY FORMED?
	20c. TIME OF INJE Haur a. m p. m	JRY Month, Day, Yea	While	URY OCCURRED 20 Not write of work	PLACE factory	OF INJURY (Home , street, office bldg	, form, 2 g., etc.)	POF. (City or	town)	(C	ounty)	(Stote)
			Haz-	2 .	M.D.	ATTENDING PHYS.	MED. DIRECT	fram the	e causes and staff FROS	d an the	date state	ed abave. 22b. DATE. SIGNED
	23a. BURIAL, CREMAT BURIAL (Specif	1-30-19				CEMETE	RY	FROS	rburg,	MD.		tote)
	24. FUNERAL DIRECTO	R'S SIGNATURE	/ F	ROSTBURG	, MD		249	REGISTRAR	4	TATLUM A	8. Kraua	

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T WINDS WATER			
		E DATE OF	
	Indinational Page 1		CAPLUSON SHOUTH
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inger, austad			
			Didi-Dear Yarms

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dageased lived, If institution: Rasidance bafore admission) a. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) HYATTSVILLE CUMBERLAND 20 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS TS RESTDENCE ON A FARM? YES NO 7426 TAYLOR HOSPITAL 3. NAME OF 4. DATE DECEASED 1961 . DEATH (Typa or print) WILLIAM WITT 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO DATE OF BIRTH last birthday) Months MALE WIDOWED [DIVORCED TO 10. 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foraign country) done during most of working lita, even if ratirad WEST VIRGINIA U. S. A. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME GEORGE DE WITT MARGARET MACKIE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes give war or dates of sarvica) CUMBERLAND. MD. MEMORIAL INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY CVC IMMEDIATE CAUSE (a) DUE TO gave rise to immadiate causa DUE TO (a), stating the undarlying WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 1B. OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not Whila Hour a.m. Whila at work at work 22b. DATE 22a. SIGNATURE ATTENDING SIGNED MED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (TVD SOUTH CENTRE ST., CUMBERLAND, MD. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial (Specify) Philos Cem. Westernport. Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE

Westernport, Nd.

arthur S. Kraus

VR A15 (4)

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B		NER'S CERTIFICATE OF DEATH Reg. Di	C0020
1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen	
1)	20.00.00		llegany
1	b. CITY OR TOWN (II outside corporate limits, write RURAL c. LENGTH OF STA Cumberland 14 Days	s Rural - Rt. #2, Box 329	give nearest tawn)
d.	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street odd Sacred Heart Hospital	ress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle OFCEASED (Type or print) LLOYD THURMAN	DRAKE 4. DATE Month OF DEATH January 3,	Day Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARR Male White WIDOWED DIVORCE	lost birthday) Months (YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintainance Line G.L. Martin	OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITI2	TEN OF WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Isaac Drake	Esther Dolan	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) Iff yes, give war or dates of service) 219–14–689		land
/	PART 1. DEATH Enter only one cause per line for (o), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PULMONARY		INTERVAL BETWEEN ONSET AND DEATH 2-3 Days
	Conditions, if only, which agove rise to immediate cause	X PULMONALE	1-2 Yrs.
	(a), stating the underlying DUE TO EMPHYSE	EMA, BRONCHIECTASIS	l Yr.
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 White Not while at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) (City or town) (Court factory, street, affice bldg., etc.)	nty) (State)
	21. I certify that I took charge of the remains describ death resulted from: Natural causes . Accident	ed above, held an Autopsy 🔀 Inspection 🔀, Inquiry	x , and find that
2	ACTUAL Besidiet Skitarel	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S NAME (Ive) Repedict Skiterelie	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXA	1/4/1.

22c. NAME OF CEMETERY OR CREMATORY

Hillcrest Burial Park

22d. LOCATION (City, tawn, or county)

24a. REC'D 8Y REGISTRAR

DATEJAN 6

Cumberland, Maryland

24b. REGISTRAR'S SIGNATURE

aritum S. Kraus

(Stote)

VS. A15ME(S) 5M 9/55

220. BURIAL, CREMATION, 22b. DATE THEREOF Burial 1/5/61

23. FUNERAL DIRECTOR'S SIGNATURE

15/61

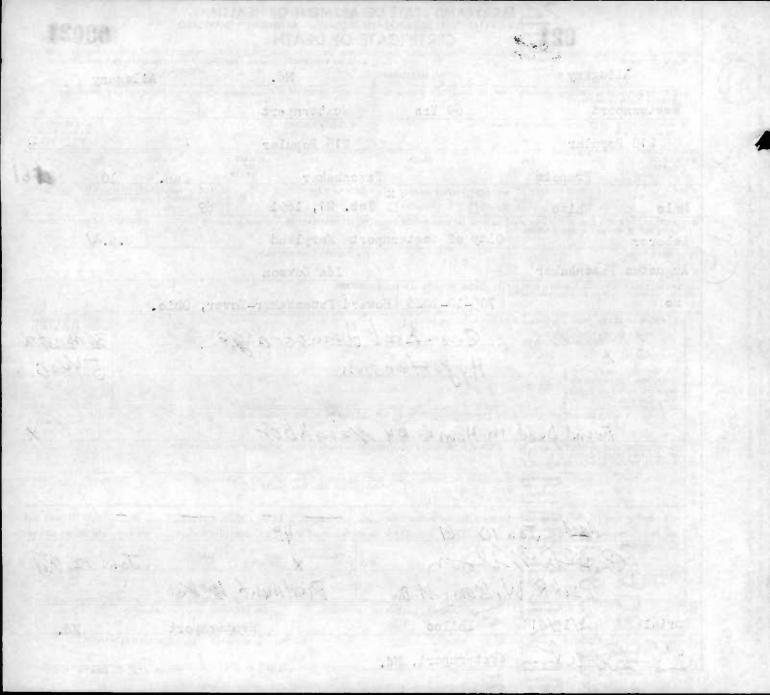
John J. Hafer, Cumberland, Maryland

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY A1	legany		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where decease	d lived. If instituti b. COUNTY			ission)
b. CITY OR TOWN _RURAL_and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	orate limits, write R	URAL ond giv	e nearest to	wn)
Westernp	ort		69 Yrs	Westernp		43			
OR INSTITUTION	PITAL (If not in hospital, (Opular	give street	address)	d. STREET ADDRESS		1		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)		rst	Middle	Lost Fazenbaker	4. DATE OF DEATH	Mor Jan		Day	Yeor
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED TO	B. DATE OF BIRTH	14 M	9. AGE (In years			DER 24 HRS
Male	White	WIDOW		Feb. 21, 18	91	last birthday) 69 yrs.		ays Hour	
10a. USUAL OCCUPAT	TON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (S	tate or foreign o	country)	12. CITIZE	N OF WHA	COUNTRY
Laborer	orking life, even if refired	" Ci	ty of Western	port Maryla	nd		U.S	5.A/	
13. FATHER'S NAME				14. MOTHER'S MAIDE	EN NAME				
Augustus	Fazenbaker			Ida Daw	son				
15. WAS DECEASED EN	/ER IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Y 1	Add	ress	LIVE S	
no	(ii) you, give war or constraint		05-10-7026 H	oward Fazenb	aker-Do	ver, Ohio	0.2		
Canditians, if gave rise ta couse (o), line lying cause last PART II. O PART II. O OR CONTRIBUTIN (IF EITHER, NOTIF	immediate g the <u>under-</u> t.	o) o) e) uditions (Cerebra Hygorten. CONTRIBUTING TO DEATH BU Home by CRIBE HOW INJURY OCCURR	Neight	or		VEN IN PART T	5 / 19. WA PERI YES [S AUTOPSY FORMED?
20c. TIME OF INJU Haur o. m p. m	. 10	While	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, actary, street, affice bldg.,	farm, 20f. (Cit , etc.)	y or town)	(Co	unty)	(Stote
21. I certify the	dodd 7	du /	ded the deceased fram. O 1961, and that	death accurred at	12=,.ta_		nd an the	, ,	
22a. SIGNATURE	Paul R.	Wi	loon	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	Jos		226. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)		Wi	Isan, M.D.	22d. ADDRESS	ment,	W.Va.			<i>,, ,</i> , , , , , , , , , , , , , , , , ,
23a. BURIAL, CREMATI BULLIAL (Specif		OF	23c. NAME OF CEMETERY	OR CREMATORY		TION (City, town,	or county)	(Si	tote)
			Philos		-	ternport	CTDA DIS CACA	Mi	1.1
A. PUNEKAL DIRECTO	IR'S SIGNATURE	We	ADDRESS		REC'D BY REGIS	IKAR 25b. REG	STRAR'S SIGN	NATUKE	
1	J. C.	110	sternport, Md.	DATE	IAN 1 6 '6	1 Cx	1 9 #	talk/l	



the funeral directar, 2 should be filed with may be recoved by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the property of the pr page 3 shauld be detached for use as the burial-transit permit. Then pleose remave carbon papers. Pages the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

022

00023

1.	PLACE OF DEATH O. COUNTY AL	LEGANY		MARY	LAND	2. USUAL RESIDENCE a. STATE MARY	(Where decease	d lived. If instituti b. COUNTY			ssion)
	b. CITY OR TOWN (If RURAL and give ne CUMBERLA)		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corpo	prote limits, write R	RURAL ond gi	ve nearest tow	vn)
0	d. NAME OF HOSPIT OR INSTITUTION WARWICK &	MEMORITATE H	SPIT	Address) ES		0					SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	FRAI	st NC I SC	Middle O		FRAGOMENI	4. DATE OF DEATH	Mor JA NU		Day 12,	Yeor 19 61.
	SEX MA LE	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MARRI		APRIL 30,	1882	9. AGE (In years last birthdoy) 78 yrs.	Months E	YEAR IF UNE Doys Hours	_
L	FATHER'S NAME	ing life, even if retired		kind of Business of	OR INDUST	ITALY 14. MOTHER'S MAID	Caulon			S. A.	COUNTRY?
	JOHN FRAC			SOCIAL SECURITY NO). 17. INF	TERESA	•	Add	lress	132	
		nmediote DUE TO	use per lir	20-10-256 The for (a), (b), and (c). Serve ye Ly Ke-bless			veris -	leve de	vilo	INTERVAL BONSET AND	
CERTIFICATION		er significant con	7.8			Moder	e- c-	VH.	VEN IN PART	PERF	AUTOPSY ORMED?
MEDICAL CERTIF		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	ar 20d. It	NJURY OCCURRED	20e. PLAC	(Enter noture of injur CE OF INJURY (Hame, rry, street, office bldg.	farm, 20f. (Cit		(Cc	uniy)	(Stote)
ME	saw the decease 22a. SIGNAFURF 27c. PHYSICIAN'S NAME (Type)	t (I) (this hospital ed alive an	G	led the deceased 12_19 (c), and	that de	D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR [14	nd an the	<i>i/l</i>	d abave. 26. DATE/ SIGNED
L	BURIAL, CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR'S James F.	I-I4-6I		Sunset ADDRESS Sumberlane	Memo	rial Parl	23d. LOCA	TION (City, town,	or county)	(Sto	

TO HOSPITA OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 VR A1S (4) 15M 9/S9

111/1923 (I) 1 1 2 1 A 2 1 A 2 1 A 3 2 1 A 3 2 1 A 3 2 1 A 3 2 1 A 3 2 1 A 3 2 1 A 3 2 1 A 3 2 1 A 3 2 1 A 3 2 2.733972 | 1395WAH (46) APRIL 30, 1862 1178 LOW TWATESTALD - DATE TO TOM DO SEAS + DISCOUNT the beautiful about an army the transfer and E A SECOND TO THE SECOND SECON

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 DANEDICAL EXAMINER'S CERTIFICATE OF DEATH

MANDA

		U	U	U	R	É
19	Dist	No		~		-3

1. PLACE OF DEATH						ceased lived. If Insti		
	llegany		MARYLANG	1	Marylan	u	ALL	egany
and give nearest town		e RUKAL	c. LENGTH OF STAY IN 16	10		corporate limits, writ	e RURAL and give	e nearest town)
Cumber		If A t- h	41 years pital, give street address)	d. STREET AD	Cumberl	and		I DECIDENCE
The state of the s						0.1		e. IS RESIDENCE ON A FARM?
3. NAME OF	emorial I				Seymou			YES NO
(Type or print)	Fir	orge	Middle E. Gu	rtler	4. DAT		in. Z	2 19 61
5. SEX			D MEVER MARRIED			9. AGE (In years	IFUNDER TYE	
Male	White	WIDOWED		Feb. 25	. 1919	41 yrs	Months Days	Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work	dane 10b. K	IND OF BUSINESS OR INDU					OF WHAT COUNTRY
Enginee	g life, even if retired)	R	ailroad	Cumbe	erland,	Md -	U	SA
13. FATHER'S NAME				14. MOTHER'S M				
E11	is Gurtle	er			Jane R	eed		
15. WAS DECEASED EVI	***************************************	RCES? 16. 5	SOCIAL SECURITY NO. 17.	INFORMANT		Addres	is	
yes	War II	51		rs. Geor	rge Gur	tler, Cum	berlan	d, Md.
	TH [Enter only one county one cou	se per line f	for (a), (b), and (c).]				110	NTERVAL BETWEEN
PARI I. DEAI	IMMEDIATE CAUSE (a)	A	CUTE HEPATI	C FAILUI	RE			SUDDEN
2000	DUE TO							
Canditions, if ar			FATTY INFIL	TRATION	OF LI	VER		
(a), stating the u							300	
cause last.) (c)		CHRONIC AI					
PART II. OTH 20g. EXTERNAL CAU PRIMARY gr CON CAUSE OF DEATH.	EK SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAL DISI	EASE CONDITION GI	VEN IN PART I(a	PERFORMED? YES NO
	SE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of inju	ry in Part I or Par	t [[af item 18.)		
20c. TIME OF INJUR	Y Month, Day, Yea			ACE OF INJURY (Ho	me, farm, 20f. (City or tawn)	(County)	(State)
Haur a.m.	19	While at wor	k at wark	tary, street, office b	iag., etc.)			
21. I certify th	at I taak charge	af the re	emains described ab	ove, held an A	Autapsy 🔼	Inspection X	. Inquiry [X, and find that
			Accident [], Su		micide ,	Undetermined		
/	2	11	11.					
ACTUAL SIGNATURE	Renede	ctx	Sketarele	M.D. CHIEF MEL	DICAL EXAMINER	0		DATE SIGNED
					MEDICAL EXAM	INER 🔲		
EXAMINER'S NAME (Type)				DEPUTY M	EDICAL EXAMINE	R		
22a. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO)F	22c. NAME OF CEMETERY O	R CREMATORY	22d. LO	CATION (City, town,	or caunty)	(State)
Burial	Jan 25	,1960	Hillcrest	Burial	Park	Cumberla	nd. Md.	
23. FUNERAL DIRECTOR		300	ADDRESS	20	40. REC'D BY REC	SISTRAR 24b. REG	ISTRAR'S SIGNAT	TURĘ
James F.	Scarpell:	i, Cu	mberland, N	d.	DATEJAN 31	'61 a	nilun S. Th	*******

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ar remayal

MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If ony delay is necessary, please exertificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be set the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your file.

I DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar



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Day Dill	HTASO TO READPHRESS S	CAL EXAMINEES		
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entries over				
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10.00	Section 1			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF BEATLE

00025

	U24	CERTIFICA	AIE OF DEATH	Re	g. Dist. No.
1. PLACE OF DEATH o. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE W. Va.	sed lived. If institution: R b. COUNTY	Mineral
B. CITY OR TOWN RURAL ond give Cumber		e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor Fort Ashby	porote limits, write RURAI	ond give nearest town)
OR INSTITUTION	PITAL (If not in hospital, give strong re Co. Infir		d. STREET ADDRESS Along St. Rt	. # 28	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	FRANCIS		Lost 4. DATE OF DEAT	a late of the second of the	Day Year 27, 1961
5. SEX Male	4.01 0 4	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH May 11, 1900		nths Days Hours Min.
during most of we Welder	orking life, even if retired)	Ob. KIND OF BUSINESS OR INDU Kelly-Tire Co	STRY 11. BIRTHPLACE (Stote or foreign Cumberland.		2. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Franc	is M. Hamilt	o n	Lula R. L.	ittle	
15. WAS DECEASED EN (Yes. no. or unknown) Yes.	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) W. W. #2		nformant s. Mary F. Ham:	Address ilton Ft.	Ashby, W. Va
PART I. DI 4 20. Conditions, if gove rise to couse (o), stotin lying couse loss	g the under-	aronary the	garteng L	Tely-	INTERVAL BETWEEN ONSET AND DEATH
HICATICAL INC.			NOT RELATED TO THE TERMINAL DISE		N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 1 or P	art II of item 18.)	
20c. TIME OF INJU Hour o. m p. m	Wh		ACE OF INJURY (Home, form, 20f. (Corry, street, office bldg., etc.)	ity or town)	(County) (Stote)
alive an ACTUAL SIGNATURE PHYSICIAN'S	Bottle	Ellians		om the causes and (Street, city or town, state Centre St.	DATE SIGNE
220. BURIAL, CREMATI REMOVAL (Specific Burial	ON. 226. DATE THEREOF	Williams M.D. 22c. NAME OF CEMETERY O Arnold Ce	R CREMATORY 22d. LOC	ATION (City, town, or co	unty) (Stote) W. Va.
23. FUNERAL DIRECTO		ADDRESS Cumberland, M	d. 240. REC'D BY REG		

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the funeral director, thould be filed with O FUNERALY CARCTOR: After this certificate has been signed by the ottending physicion and completely filled in poge 3 should be detached for use as the burial-tronsit permit. Then please remove corbon papers. Pages 1 and the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. moy be ret

VS A15 (4) 15M 10/57

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY o. STATE b. COUNTY Allegany MARYLAND Marvland buriol, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give nearest town Cumberland Cumberland ectar. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Trost Avenue Extended YES NO KL Trost Avenue Extended NAME OF **First** Middle 4. DATE Lost Month funeral Year Your DECEASED (Type or print) Bell DEATH Anna 19 61 Hartman January for 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. retained f 92 yrs. Months Days Hours Min. October 1868 Female White WIDOWED 13 DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (Stole or foreign country) n 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo Pe Housewife Home Burlington. W. Va. U.S.A. 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME pages Pages Alexander Miller 50 Matilda Blackburn Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Give No None Cumberland, Md. Mable Riggleman PM3. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CHRONIC MYOCARDITIS. PULMONARY EDEMA IMMEDIATE CAUSE (a) burial-tronsit DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Canditians, if any, which) YEARS gave rise to Immediate cause along DUE TO (a), stating the underlying cause last. C 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY S PERFORMED? NO A YES [20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 3 should writing the word 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Medicol Page 3 sh WEDI factory, street, affice bldg., etc.) Not while o. m. at work at work p. m. 21. I certify that I toak charge of the remains described above, held an Autapsy , Inspection 2. Inquiry X, and find that OTRECTOR: F Chief death resulted fram: Natural causes X Accident . Suicide . Homicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S SKITARELIC, M.D. BENEDICT NAME (Type) DEPUTY MEDICAL EXAMINER JANUARY 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (Stale) REMOVAL (Specify) 0 61 Burial Rose Hill Cemetery Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Current & Trans John J. Hafer, Cumberland, Md. DATE 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 026 IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE a. CO	OF DEATH UNITY ALLEGAN	Y		MARYLA		a. STATE	RYLAI	re decease	d lived. If in b. COI		Residence L	efare adm	ission)
RUI	Y OR TOWN (If autside RAL and give nearest taw UMBERLAND	n)		c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOW			ROUTE		AL and give	nearest to	wn)
d. NA OR ME	ME OF HOSPITAL (IF not INSTITUTION MORIAL & WA	" ME'MO	RIAL'	HOSPITAL		d. STREET ADD	RESS					ON	A FARM?
3. NAMI DECE/ (Type	OF ASED or print)	MARG		Middle M.	Н	ARTMAN		4. DATE OF DEATH	JA NUA	Month RY		Day	Year 1961
S. SEX		OR OR RACE	7. MARK	RIED NEVER MARRIED DIVORCED		UNE 12,	1911		9. AGE (In) lost birtho		UNDER 1 YI		DER 24 HRS.
10a. USU durii	AL OCCUPATION (Give ng mast af working life, e	kind of wark of even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTR	PETERS!						S. A.	COUNTRY?
13. FATH	ER'S NAME					14. MOTHER'S MA	IDEN NA	ME					
	BLAIR MONGO					SARAH	KUY	KENDO	LL				
1S. WAS Yes. no. a	DECEASED EVER IN U. S r unknown]	. ARMED FOR war or dates of s		SOCIAL SECURITY NO.	17, INFO	RMANT MEMORIAL	HOS	PITAL	- CUM	Address IBERL	AND,	MD.	
ga cau lyir	nditians, if any, which we rise to immediate se (o), stating the under any couse last.	DUE TO (b) DUE TO (b) (c))	CONTRIBUTING TO DEAT	H BUT NO	J	Co	lal Diseas	E CONDITIO	N GIVEN	IN PART 160	a) 19. WA	S AUTOPSY
□ OR C	ACCIDENT WAS UNDER CONTRIBUTING CAUS ITHER, NOTIFY MEDICAL	E OF DEATH	20Ь. DES	CRIBE HOW INJURY OCC	CURRED. (Enter noture of in	jury in Po	ort I ar Por	t II of item 1	B.)		YES [ORMED?
WEDICAL WEDICAL	TIME OF INJURY Manth Haur a.m. p.m.	1, Doy, Yes	While			OF INJURY (Ham y, street, office blo		20f. (City	ar tawn)		(Caur	nty)	(State)
\$QW 22a.	certify that (I) (the deceased diversion of the deceased diversion of		*	ded the deceased from 19, and the second to the second		ATTENDING PHYS.	MEE DIRE	D. ECTOR [staff PHYS.	es and	an the d	ate state	22b. DATE SIGNED
REM	IAL, CREMATION, 23b.	DATE THEREC	OF/	23c. NAME OF CEMET		REMATORY Committee		23d. LOCA	TION (City, to	awn, ar a	3	(SI	ate)
24. FUNE	RAL DIRECTOR'S SIGNAT	TURE Le	hay	for peter	stre		o. REC'D	BY REGIST	1 25b.		AR'S SIGNA		

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THERESOLD IN CONTINUES TO		Wingow Lin
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	1	CAMPANA ANDRON
Des 11. Propagation of the STANTSCHOOL	1.0	
of the rest and the		TURN LINES
. A. 1 . D. C. C. C. W. W. Delegation		
Montarion no to		CROKE SLUT
SECURIAL HOPPING - CONTRIBUTE, 17.		
ממחא מבאינה או, העיבהעות או		HENRIM LD VALLED VILLE

ed in by the funeral TO HOSPYAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with death. Provided may be retained by the hospital or attending physician. S > IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers is be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour

OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 027 CERTIFICATE OF DEATH 02001 00001

1. PLACE OF DEATH e. COUNTY		e. STATE	ICE (Where dec	b. COUN		idence before edmission
ALLEGANY	RYLAND	MARYL/	AND		ALLE	GANY
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	STAY IN 16	c. CITY OR TOWN	(If outside corpo	rete limits, write	RURAL end g	Ive neerest town)
CUMBERLAND 55 MIN	HITTES	CLIMBE	ERLAND			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street e		d. STREET ADDRESS				e. IS RESIDENCE
MEMORIAL HOSPITAL		/ RT.	#3, PINE	RIDGE	ROAR	ON A FARM?
MEMORIAL &WARWICK AVES						YES NO
3. NAME OF First Middle DECEASED	0	Last	4. DATE	Month	,	Dey Yeer
(Type or print)		HEAVNER	DEATH	JANU	JARY	8 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI	RRIED W 8.	DATE OF BIRTH	9.	AGE (In yeers		AR IF UNDER 24 HRS.
MALE WHITE WIDOWED DIVO	7.	JANUARY 8,	1961	lest birthdey) yrs.	Months De	
1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS					12 CITIZE	N OF WHAT COUNTRY
done during most of working life, even if retired)	OK INDUSTR					
		CUMBERLAND		AND	U	.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
DOUGLAS B. HEAVNER, JR.		SARAH B.	THOMAS			
 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURIT 	Y NO. 17. I	NFORMANT	11101111	Address		
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)		51405 1 A 1 1100				
	M	EMORIAL HOSE	PITAL,	CUMBER	RLAND,	MD.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), an	id (c).]	1 0				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	aton	1 to live	_			20 pms mu to
773 G DUE TO	aton					
1 0 - 10 - 1	0	4				
Conditions, if eny, which geve rise to immediate cause	our	7				
(e), steting the underlying DUE TO						
ceuse lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NO	T RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D. 200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER, MEDICAL EXAMINER)						YES NO
20. ACCIDENT WAS UNDERLYING IT I 20% DESCRIPE HOW INCH	DV OCCURED	(E-1	Part I as Port II .	of lange 1D \		1153 [] 140 []
200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJU	RY OCCURED.	. (Enter neture of injury in	Part I or Pert II	of item (B.)		
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRE Hour e.m. While Not While O.m. 19 et work et work		CE OF INJURY (Home, far		or town)	(County	(Stete)
Hour e.m. While Not While et work et work	Tech	ory, street, office bldg., et	6.)			
21. I certify that (I) (this hospital) attended the decea						
saw the deceased alive on	, and that	death occure atl.	OAWI from	the causes	and on the	date stated above
22e. SIGNATURE						22b. DATE
1 - min	M.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		SIGNE
22c. PHYSICIAN'S	M.	22d. ADDRESS				
NAME (Type) LEWIS BRINGS			NE OT	CHADEDI	A AID M	0
			NE ST.,			
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF	F CEMETERY	OR CREMATORY	\ \C\:	TION (City, to	1	(Stete)
Crimetian 1-9-61 Memor	eah x	Lospital	Cum	berha	nd, 1	MAYYLANG
24 FUNERAL DIRECTOR'S SIGNATURE // ADDRESS		25e. RE	EC'D BY REGISTE			SNATURE
Some of the site C.			AN 1 0 '61		rthun 8. 1	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 028

	028		CERTI	FICA	TE OF D	EATH				60	028
1. PLACE OF DEATH a. COUNTY	Allegany		MAR	YLAND	2. USUAL RESI	DENCE (Whe	re deceased	l lived. If institut b. COUNTY	1	gany	admission)
b. CITY OR TOWN (RURAL and give n Cumberland		its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If ou	tside carpo	rate limits, write			st town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gales) berland St	give street o			d. STREET A			St.	9 1		IS RESIDENCE ON A FARM? 'ES NO 1
NAME OF DECEASED (Type or print)	ETHEL	st	Middl LEIGH	HEL	Las	-	4. DATE OF DEATH	Jan. 4		Day	Year 19 61
. sex Female	6. COLOR OR RACE White	7. MARRI	ED NEVER MARK		8. DATE OF BIRT			9. AGE (In years last birthday) 65 yrs	Months		UNDER 24 HRS fours Min.
Housewiif 3. FATHER'S NAME	ON (Give kind of work rking life, even if retired C)	vn home	OR INDU		erland	L. Mar		12. CIT	USA	'HAT COUNTRY'
5. WAS DECEASED EVE	Charles W. ER IN U. S. ARMED FOR	CES? 16. 5		0. 17. 11		llie C		re Add	dress		
Conditions, if of gove rise to it couse (o), stoting lying couse lost.	immediate DUE TO	0	ran	ra	ry ll	rter	1-	lixer	exe		
5	HER SIGNIFICANT CON								VEN IN PAR		WAS AUTOPSY PERFORMED? ES NO
(IF EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature o	of injury in Po	ort I or Port	t II of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Ye	While	Not while at work	20e. PL fo	ACE OF INJURY (ctory, street, office	Home, farm, e bldg., etc.)	20f. (City	shight	forg	all the	Par M
21. I certify the southe decea 220. SIGNATUSE	at (I) (this haspita	attend			death accurred	1	-	the causes a	/_, 19 nd an the		(we) los rated abave 276.DATE
220 PHYSICIAN'S NAME (Type)	MIN	un	ins		M.D. ATTENDING		he.	STAFF PHYS.	n	1	12/6
3a. BURIAL, CREMATIC REMOVAL (Specify Burial 4. FUNERAL DIRECTOR	1/8/1961	OF .	Rose Hill	· ·	etery	25a. REC'D	Cumb	erland,		GNATURE	(Stote)
Byron		Cu	mberland,	Md.		DATE BAR NO			Thun S.		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

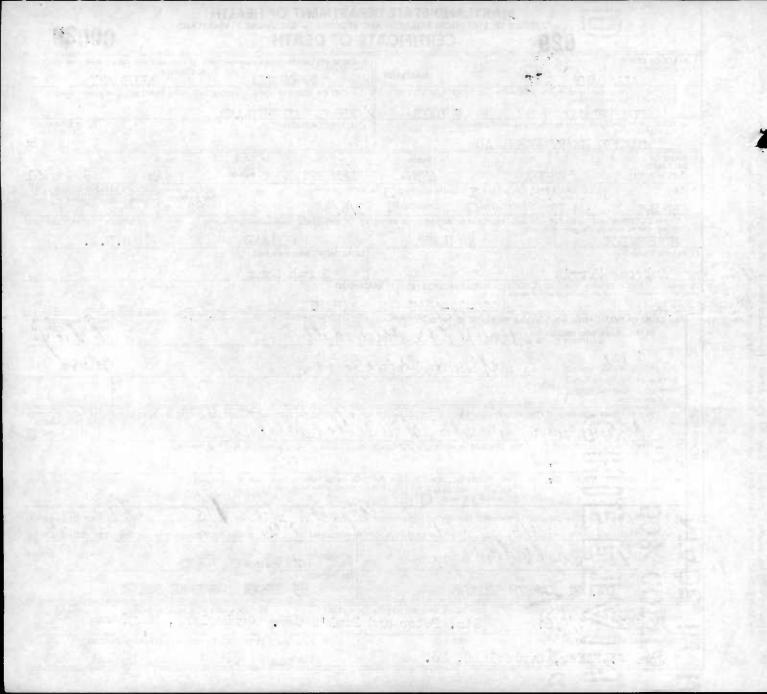
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_		043									<u> </u>		
1.	PLACE OF DEATH a. COUNTY					USUAL RESID	ENCE (Wh	ere deceased	lived. If institut		nce befa	re admis	ssion)
	ALLI	FGANY		MARY	LAND	M	ARYL	IND		ALLE	GANY		
	b. CITY OR TOWN (RURAL and give n	If autside carporate limi earest tawn)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If a	utside carpo	rate limits, write F	URAL and	give nec	arest taw	n)
	CLIMBI	ERT.AND		& DAYS	X	RURAL	CUME	BERLAN	D				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street	t address)	1	d. STREET A	DDRESS					e. IS RE	SIDENCE A FARM?
	SACRI	ED HEART HO	SPIT	AL								YES [NO [
3.	NAME OF DECEASED	Fir	's†	Middle		Last		4. DATE OF	Mai	ıth	Do	у	Year
	(Type ar print)	RHODA		ANN A	A HI	LMSTEI	TER	DEATH	J	AN		5	19 6]
S.	SEX	6. COLOR OR RACE	7. MAR	RRIED NEVER MARRIE	ED B. D	ATE OF BIRTH	1		9. AGE (In years last birthday)	IF UNDER			ER 24 HR
	FEMALE	WHITE	WIDOW	VED DIVORCE	0 3	3/5/98			62 yrs.	manins	Days	Haurs	Min.
10	. USUAL OCCUPATION	ON (Give kind af wark king life, even if retired	dane 10b	. KIND OF BUSINESS C	R INDUSTRY	11. BIRTHPL	ACE (State	ar foreign co	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY
	HOUSEWIF		'	AT HOME		PACIL	MARYI	AND		U	S.A		
13.	FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	IAME					
	Ambrose	Morris			100	Sa	rah N	eus					
15	WAS DECEASED EVE			SOCIAL SECURITY NO	. 17. INFO				Add	Iress			
-(-	No	(ir yes, give wor or adies or s		220-32-4648		CHART							
		ATH [Enter anly one co		line far (o), (b), and (c).	1 1	//	7				INT	ERVAL B	ETWEEN
	PART I. DEA	ATH WAS CAUSED BY:	ille	ule tor	Mulle	oual					ONE	ANI	DEATH
	501	DUE TO		10 6	7	2.1.			Latin Control		100	0-	/
	Canditions, if a	ony, which) (b	. and	Muna a	roue	mys					He	aso	7
	gave rise ta i	mmediate (A			Laboration and		0		
	lying cause last.	fine <u>under-</u>	:)										
Z	PART II. OT			CONTRIBUTING TO DE	ATH BUT NO	T RELATED TO	THETERAL	NALDISEAS	E CONDITION GI	VEN IN PAI	RT 1(a) 1	9. WAS	AUTOPS'
FICATION	All	umoura	W	ulsui a at	rally	all M	elle	lus				_] NO
TIFIC	20a. ACCIDENT W.	AS UNDERLYING -	20b. DE	SCRIBE HOW INJURY O	CCURRED. (E	inter nature a	f injury in I	Part I or Por	t II af item 1B.)				
CERT	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)											
S		RY Manth, Day, Ye	ar 20d.	INJURY OCCURRED		OF INJURY (ar tawn)	-	(Caunty)		(Stat
MEDICAL	Haur a.m.	19	While	e Nat while	factory	, street, affice	bldg., etc.	1	01		,		
		at (I) (this hasnita	1) Atton	ided the deceased	from U	uinst	10	66 00	115	19/	2/ 11	at (I)	(we) la
	saw the decea		14	/- /		h accurred	20	AM From	the causes a			, ,	
	22a. SIGNATURE	sed drive dri		2 1/ / dild	mar aeu	in accorrec	417	jivi, irum	The cooses of	iu on in	e dule		2b. DATE
	190	GRANGER	14	may	M.D		□X DI	ED. RECTOR	STAFF PHYS.				SIGNE
	22c. PHYSICIAN'S NAME (Type)	DR. ELIZABE	TH E	BRINGS		22d. ADDRE	-1-1	ECKOKOC	GREENE	STREE	T		
23	o. BURIAL, CREMATIC	ON, 23b. DATE THERES	OF .	23c. NAME OF CEM Sts. Pete			Cem.		tion (city, town, berland,	or county).	land	(Sto	ate)
24	FUNERAL DIRECTOR	1,11		ADDRESS	2 01100			D BY REGIST		ISTRAR'S SI			
24			mhon					- 101					
	John J.	. Hafer, Cu	mnet.	Land, Ma.			DATELAN	9 '61	Lin	day 8.	Thous	lh.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital an ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remaye carbon papers. Pages 1 and whould be filed with the State Board of Health priar to buriol, cremation, ar remayol, and in any eyest with 72 haurs after death. VR A15 (4) 1SM 9/S9



VR A15 (4) 15M 9/59

M	ARYLAND STATE DEPARTMENT OF HEALTH
DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
030	CERTIFICATE OF DEATH

PLACE OF DEATH COUNTY ALLEGAN	7	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	b. COUN	itution: Residence before admission) NTY AT.T.E.G.ANY
b. CITY OR TOWN (I RURAL ond give no CUMBERLA	f outside carporate limits, write eorest town)	c. LENGTH OF STAY IN 16	4.46.46	and the same of th	te RURAL and give nearest town)
d. NAME OF HOSPIT	AL (If not in haspital, give stree HEART HOSPITAL	t address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First HOWARD	Middle DEWITT	HENDRICKSON	4. DATE OF JAN	Month Day Year V. 23 19 61
5. SEX MALE	6. COLOR OR RACE 7. MAIN WIDOV		8. DATE OF BIRTH MAY 30, 1900	9. AGE (In year lost birthda	ars IF UNDER 1 YEAR IF UNDER 24 HRS (Y) Months Days Hours Min.
during most of work	ON (Give kind of wark done 10b king life, even if retired)	Own Farm		or foreign country) IARYIA ND	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME HOWARD H.	. HENDRICKSON		14. MOTHER'S MAIDEN NANCY WEN		
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		PATTENTS CHART		Address
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	the <u>under-</u> DUE TO (c)		NOT RELATED TO THE TERMI		GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO &
PART II. OTH 20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Year 20d. While	f.	D. (Enter noture af injury in f ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	, 20f. (City or town)	(County) (State
			deoth occurred at the	M, from the couses	ond on the date stoted obove 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	IS BRINGS, M.D		22d. ADDRESS	777 00	BERLAND, MD.
230. BURIAL, CREMATIO REMOVAL (Specify) Burial	1/26/61	23c. NAME OF CEMETERY O	metery	23d. LOCATION (City, tow Flintston	ne, Md.
24. FUNERAL DIRECTOR	s signature Hafer, Cumber	ADDRESS		JAN 3 0 '61 25b. RI	EGISTRAR'S SIGNATURE

B D Jr S

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH OSILISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	ACE OF DEATH	lY		MARYLAND		USUAL RESIDENCE (WHO STATE		b. COUNTY			
	CITY OR TOWN (If	outside corporate limi	its, write	c. LENGTH OF STAY IN 16	1	C. CITY OR TOWN (IF O	outside corp	porate limits, write R	URAL and gi	ve nearest to	own)
	CUMBERI	AND	-113	60 DAYS		UMBERLAND		00	2		
d.	OR IAL HOSPITA	L (If not in hospital, g	give street	oddress)		d. STREET ADDRESS			1	e. IS I	RESIDENCE A FARM?
IVIC M	ORTAL HOS	PITAL			1	219 ARCH STI	REET			YES	□ NO []
3. NA	ME OF CEASED	Fir	rst	Middle		Lost	4. DATE OF	Mon	ith	Day	Year
	pe or print)	EST	EL	L.		HETRICK	DEAT	H JANU		9	1961
S. SEX		6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UN	DER 24 HRS.
	MALE	WHITE	WIDOWE	DIVORCED	1	MARCH 29, 19	909	51 yrs.	Monnis	Adys 1100	rs will.
10a. U	SUAL OCCUPATIO	N (Give kind of work on a life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote	or foreign	country)	12.CITIZ	EN OF WHA	T COUNTRY?
	Driver			xi Cab Co.		MARYLAI	ND -CI	JMBERLAN	D U	.S.A.	
13. FA	THER'S NAME	1935-45	1 - 50		1.	. MOTHER'S MAIDEN N	NAME				
	L	LOYD HETR	ICK			OPAL NIX	KON				
		IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFOR	MANT		Add	ress	100	
	10	yes, give wor or dates or i	21	.7-14-4007 N	1EMC	RIAL HOSPIT	TAL -	CUMBERLAI	ND. MA	RYLAN).
18	CAUSE OF DEAT	TH [Enter only one co	ouse per li	ne for (a), (b), and (c).]						INTERVAL	BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	. (4	orina a	· se	sin-				ONSET AL	ND DEATH
	421	DUE TO)	atheroscle							
	Conditions, if an	y, which)	. (athernacle -	-	->					
	gove rise to im	mediate Dus To		7.040							
	ouse (a), stating t ying cause last.	he <u>under-</u>				1					
				CONTRIBUTING TO DEATH BU	JT NO	RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART	1(o) 19. W/	AS AUTOPSY
¥		myser	dul	Degen	1	Lu					FORMED?
1 2 O	R CONTRIBUTING	S UNDERLYING GAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter nature of injury in	Part I or Pa	ort II of item 1B.)			
		Month, Doy, Ye	or 204 II	NJURY OCCURRED 20e. I	DIACE	OF INJURY (Home, form	206 (C)	ty or town)	15.	ounty)	(Stote)
MEDICAL 02	Hour o. m. p. m.	19	While at wor	Not while	factory	street, office bldg., etc	.)	iy or lown)	(CC	onry)	(31016)
21	. I certify that	(1) (this hospital	l) attend	led the deceased fram	11/	10 19	CO blo	1/9	1960	, that (I) (we) last
Si	aw the decease	ed alive_an/	9	1961, and that	deat	h accurred a	M, PM	n the causes an	d an the	date stat	ed abave.
2.	20. SIGNATURE	P					11/4				22b. DATE SIGNED
		de JA	- Die	2y X	M.D.	PHYS. M	ED. RECTOR	STAFF PHYS.			SIGNED
2	2c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					
	Thate (Type)	DR. LEO H	. LEY			456 N. CEN	TRE S	ST., CUMBE	RLAND	, MD.	
	URIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEMETERY	OR CR	EMATORY	23d. LOC	ATION (City, town,	or county)	(5	itate)
Bi	Irial	1-12-19	61	Rose Hill	Ce	metery	(Cumberla	nd. N	ld.	
24, FU	NERAL DIRECTOR'S	SIGNATURE		ADDRESS			D BY REGI		STRAR'S SIG	NATURE	
J	ames F.	Scarpell	i, C	Cumberland,	Md	. DATEAN	13 '6	1 Chris	wn 8. H	AMA	

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	La caga de las lassa		THE RESERVE
A.r.e. Committee	(Id-GALVING	.00 da0 1x	To Oriver
	420/01/12/090		ที่การเราะบางพามา
	# e*:11		
.e. , alumba "			
. by . Into Excitat	0 yraduus	Hose Mill	
			J. H. Follow, I. L.

ed in by the funeral Pages 1 and 2 should ars after death. The law requires that the death certificate be executed within 24 hours after TO HOSP FLEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed will death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The befiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hour

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

032	CERTIFICATE	OF DEATH

								_UL	1.5%	
Ī	2.	USUAL	RESIDENCE	(Where	deceesed I	ived, If insti	itution			
ı		e. STATE			ь	. COUNTY				

1. PLACE OF DEATH		2. USUAL RESI	DENCE (Where dec	eesed lived, If institution:	Residence before edmission)
COUNTY ALLEGANY	MARYLAND	e. STATE	MARYLAND	b. COUNTY	IEGANY
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16			rete limits, write RURAL e	nd give neerest town)
write RURAL end give neerest town)	JUL DAVO	03	אוואסרטן אאס		
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	41 DAYS	d. STREET ADD	UMBERLAND		e. IS RESIDENCE
MEMORIAL HOSPITAL	aspirot, give sites a dates,			IRE AVENUE	ON A FARM? YES NO X
3. NAME OF First DECEASED	Middle	Last	4. DATE	Month	Dey Yeer
(Type or print) JOHN	F. KE	LLER	DEATH	JANUARY	6 19 61
5. SEX 6. COLOR OR RACE 7. MARI		. DATE OF BIRTH	9.	AGE (In yeers IF UNDER	
		JUNE 19. 1	903	57 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR		(County & Stete, or fo	oreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
done during most of working life, even if refired) MACHINIST	CELANESES CORP.	GERM	AA NY		J.S.A.
	Textile Ind.				2.0.7.0.0
KELLER, F. Keller	ATOMOTTO THAT		RA SAUNDE	RS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17.			Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	217-IO-74IO M	EMORIAL HO	SPITAL A	CUMBERLAND,	MARYLAND
NO 18. CAUSE OF DEATH [Enter only one ceuse pe				you but the	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(11. do	Mulaca	attento to	me.	ONSET AND DEATH
IMMEDIATE CAUSE (e)	curre 1	right of	May Dell	mwe -	1-1111100
DUE TO					
Conditions, if eny, which (b)		- 11			
(e), steting the underlying DUE TO		V			
cause lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE T	ERMINAL DISEASE C	ONDITION GIVEN IN PAI	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS C					YES NO F
	ESCRIBE HOW INJURY OCCURED). (Enter neture of inju	ry in Pert I or Pert II	of item 1B.)	
	d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home	e, ferm, ' 20f. (City	or town) (Co	ounty) (Stete)
Hour e.m. Wh	nileNot While fec	tory, street, office bldg			
	rork et work	1100 6-7	,	loss	-
21. I certify that (I) (this hospital) att	inded the deceased from.		135 A IM	,, 19	4./, that (I) (we) last
saw the deceased alive on.	19.6/2, and that	death occured	atM, from	the causes and on	the date stated above.
22e, SIGNATURE	1 14	ATTENDING_	MED	STAFF	22b DATE
Malleunle	ung all	I.D. PHYS.	DIRECTOR	PHYS.	1 1/1/61
NAME (Type) DR. O. G. HIM	MELWRIGHT	22d. (30) HS	Ika alex	Cerulille	Mos
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, town or cour	nty) (Stete)
REMOVAL (Specify) Burial I-9-6I	Rest Lawn	Memorial	Park Ci	umberland,	Md.
24424				RAR 25b. REGISTRAR'S	
James F. Scarpelli	Cumberland, Mo	d.			
		DA	TE IAN 1 1 '61	Chilas	Tuous

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THE PROPERTY

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SUBSTRUCT VALUE OF THE SUBSECT

SIT-IL-TER TERRIT ISHTAL - DESIRED, SAFERE

Parist 142-81 Rest Lawn Descript Park Comporting, Nd.

James F. Scutpelli Camberland, St.

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FOR STATE HEALTH DEPT.

Division of ST

recessary, received your files. If any delay TO DEPUT: A.EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any del please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event with 72 hours after death.

VS. A15ME 5M 7/59

		MAR	YLAND	STATE I	DEPART	MENT OF	HEAL	TH	
ATIS	TICAL	RESEA	RCH ANI	RECORD	s, 301 W.	PRESTON	STREET,	BALTIMORE 1	, MARYLAND
-	MED	DICAL	EXA	MINER'	S CERT	IFICATE	OF I	DEATH	00009

				- 01 - 01-1111	UUUU&
1. PLACE OF DEATE	H				institution: Residence before admission)
	Legany	MARYLAND	a. STATE Md.	b. COUN	Allegany
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outside corporete limits, write	RURAL and give neerest town)
	give neerest town)	85 Yrs	N Ponton		
Barton:	TAL OR INSTITUTION (if not in		Barton d. STREET ADDRESS		l e. IS RESIDENCE
d. NAME OF HOST	THE OK INSTITUTION (II NOT III	nospiidi, give sitoor address;	d. STREET ADDRESS		ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	Richard	D.	Keyes	DEATH Jan.	20 1961
S. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male			Aug. 12,1875	last birthday) 85 yrs.	Months Deys Hours Min.
		b. KIND OF BUSINESS OR INDUSTR			1 12. CITIZEN OF WHAT COUNTRY?
done during most of wo	orking life, even if retired)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Plasterer 13. FATHER'S NAME		Jonerustion	Maryland 14. MOTHER'S MAIDEN	NI A AAF	U.S.A.
Phillip Ke				n Warnick	
	YER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
no			Mary Keyes	Barton, Md.	
18. CAUSE OF I	EATH Enter only one cause p	per line for (e), (b), and (c).]	. 0	/	INTERVAL BETWEEN
	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	MANAVU	Throm	60515	SILANDE
1410		200011417	111011	120-1	g-au c
C	DUE TO	Varion dies	, 6 aV	PHACIC	7
Conditions, if any		201011019	JUIC	10217	
(a), stating the u	> DHE TO				
cause last.) (c)				
PART II. OTHE	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	YEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
EY.					YES NO
PART II. OTHER		SCRIBE HOW INJURY OCCURED. (Enter nature of injury In Par	t I or Part II of item 1B.)	
PRIMARY OF CO	DNIKIBUTING []				
ZDc. TIME OF INJU	JRY Month, Day, Yeer 20	d. INJURY OCCURRED 200. PLA	CE OF INJURY (Home, farm	n, 20f. (City or town)	(County) (State)
2Dc. TIME OF INJU		11.10	tory, street, office bldg., etc.	Barton	Allegany Md.
	- 17	work et work			
21. I certify th	hat I took charge of the	remains described above, he	eld an Autopsy	Inspection Inquir	and in my opinion
death resulted	from: Natural causes	. Accident . Suic	ide , Homicide	, Undetermined m	anner
A STATE OF THE	11100	N/	CHIEF MEDICAL I	EXAMINER	
ACTUAL SIGNATURE	WOM	Lane_	M.D. ASSISTANT MED	ICAL EXAMINER	DATE SIGNED
	0 0 111		DEPUTY MEDICAL	L EXAMINER VI	1-21-61
EXAMINER'S NAME (Type)	W.O. McLane	0	14.7	city, town, or county) Fro	
22a. BURIAL, CREMATIC		22c. NAME OF CEMETERY OF		22d. LOCATION (City, town,	
REMOVAL (Specify Burial	123/61	Lenual	H:11/	MALLAN	1. m.d
23. FUNERAL DIRECTO		ADDRESS	140 DEC	'D BY REGISTRAR 24b, REG	ISTRAR'S SIGNATURE
0/12	. / /		198 KEC		Thuy S. Kraus
-X 100	Tex We	sternport, Md.	DATEJAI	12001	(May 2. / Out

Jointol Minderlis , int , resystem north training State of the Same All Windelland . . 2012 183/01 Provided 10/281 10/29-2 . El . Transcia de la .

TO DEPUTY COLCAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please execute the ficule, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwards at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your filt.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrant in the burial, premation, ar remaval. VS. A15ME(5) 5M 9/55

		034 ^M	EDICA	L EXAMINE		CERTIF	ICAT	TE OF	DEATH	Reg.	Dist. No	.00	033
	PLACE OF DEATH						-		sed lived. If Institu		dence be	fore adm	ission)
		Allegany		MARYL	AND	o. STATE M	aryla	nd	b. COUNT	All	egan	У	
	o. CITY OR TOWN I	If outside corporate limits, wr	te RURAL	c. LENGTH OF STAY IN	N 16	c. CITY OR	TOWN (IF	autside cor	porate limits, write	RURAL a	nd give r	earest to	ıwn)
L	Cumber	cland		65 years		Cru	nberl	and	1 Table 1				
	. NAME OF HOSPI	TAL OR INSTITUTION	(If nat in hos	pitot, give street address)	d. STREET A	DDRESS					e, IS R	A FARM?
	Homewo	ood Additio	n			Hom	ewood	Addi	tion				KKON [
3.	NAME OF DECEASED	Fi	rst	Middle		Lost		4. DATE OF	Mont	h	Day	1	l'ear
	(Type or print)	MARY	E	P W alle Stephe V and an extend of the path-			2.50	DEATH	Jan.	7		1	961
5.	SEX	6. COLOR OR RACE	7- MARRIE	D NEVER MARRIED	□ 8.	DATE OF BIRTH		100	9. AGE (In years last birthday)		R TYEAR	-	ER 24 HRS.
	Female	White	WIDOWED	DIVORCED] Na	y 27,78	13 18	374	86 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPAT	ON (Give kind of working life, even if retired)	done 10b. K	IND OF BUSINESS OR I	NDUSTI	RY 11. BIRTHPL	CE (Stole	ar foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	Housewi		Own	home		Per	nna.			U	SA		
13.	FATHER'S NAME					14. MOTHER'S		IAME					
	Micha	ael H. Dieh	1			Ma	ry Ho	wser					
15. (Ye	WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. IN	FORMANT			Address				
	No		,	None	Mrs	. Eldon	Paxt	on Ho	mewood Ad	id. C	umbe	rlan	d. Md
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]											RVAL BETW	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			CORONARY	0	CCLUSION	J		V			SIIDD	
	TO 1 DUE TO												
	CORONARY SCLEROSIS												
	gove rise to immediate cause												
	(a), stating the underlying Course lost.												
CATION	PART II. OT	HER SIGNIFICANT CON	IDITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PA		9. WAS PERFO YES [AUTOPSY ORMED?
CERTIFICATION	20g. EXTERNAL CA PRIMARY or CO CAUSE OF DEATH	USE WAS INTRIBUTING 2	Ob. DESCRIBE	HOW INJURY OCCURR	ED. (Er	nter nature of in	ury in Port	l or Port II	af item 18.)	413			
MEDICAL	20c. TIME OF INJU Hour a. m. p. m.		ar 20d. II While ot wo	Not while	focto	E OF INJURY (Harry, street, office	lome, farm bldg., etc.	20f. (Cit	y or town)	(C	ounty)		(Stale)
	21. I certify t	hat I taak charg	e of the r	emains described	abay	re, held an	Autaps	y [], I	nspectian X	Inqu	iry X	, and	find tha
	death resulted	d from: Natural	causes []	Accident [],	Suic	ide 🔲, H	amicide	□, U	ndetermined o	-].		
	ACTUAL SIGNATURE	senedic	tsz	Estarelia)	_M.U.		AMINER [DATE	SIGNED
	EXAMINER'S B	enedict Ski	tarel	ic M.D.				AL EXAMINE EXAMINER	_	Jar	1. 7	196	51
	BURIAL, CREMATI) _		22c. NAME OF CEMETER	~			22d. LOCA	TION (City, town,	or county)		(Stot	le)
-	Burial	Pan. 10, 19	961	Rose Hill	er	netery				Md.			
23.	FUNERAL DIRECTO	Kight	Chamb					JAN 1	104			7	
	DAT.OH	VTRIIC	Cumbe	erland, Md.			DATE	JAN E	01	arthur	L. 70	rails	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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d in by the funeral TO HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part may be retained by the hospital or attending physician.

S TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Sees 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affected that

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

COUNTY		a. STATE	NCE (Where daceased	b. COUNTY	sidence before admission)
Allegany	MARYLAND		rvland	Al	legany
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) Cumberland	c. LENGTH OF STAY IN 16	A	(If outside corporete limberland	imits, write RURAL end	give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS			a. IS RESIDENCE
27 Grand Ave.		27	Grand Av		YES NO
3. NAME OF First DECEASED	Middle	Lest	4. DATE OF	Month	Dey Yeer
(Type or print) Clarence	Sidney	Lewis	DEATH	Jan.	22 1961
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED 8	, DATE OF BIRTH		(In yeers IF UNDER 1) birthday) Months D	
Male White wipowi	ED X DIVORCED M	larch 23,	1870 90		ays Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co.	unty & Stete, or foreign	n country) 12. CITIZ	EN OF WHAT COUNTRY?
Retired Master Mech.	Railroad	Middlet	own, Va.		
13. FATHER'S NAME		14. MOTHER'S MAIDE			
) Gordon Lewis		Sara	C. Rhodes	3	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	SOCIAL SECURITY NO. 17. I	NFORMANT		Address	
no	Mi	ss Mabel	H. Lewis.	Cumberla	nd. Ma.
18. CAUSE OF DEATH [Enter only one ceuse per	line for (e), (b), end (c).]	~,			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Much	me			600ths
4- DUE TO		0 6			
Conditions, if eny, which) (b)	Myorar	diter.			7 410
gave rise to immediate cause	1	1 /			
(e), steting the underlying ceuse lest.	arterio	selero	sus'		10 yes
	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	NINAL DISEASE COND	ITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO. 2De. ACCIDENT WAS UNDERLYING 2Db. DE: 0R CONTRIBUTING CAUSE OF DEATH III FIFTHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	. (Enter neture of Injury i	n Pert I or Pert II of ite	m 18.)	
Hour a.m. While p.m. 19	le Not While fact	CE OF INJURY (Home, fa ory, street, office bldg., e	tc.)	wn) (Coun	ty) (Stete)
21. I certify that (I) (this hospital) attended saw the deceased alive on.	nded the deceased from				that (I) (we) last ne date stated above.
22e. SIGNATURE	wrett "	ATTENDING PHYS.		AFF YS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. Clay E.	Durrett,M.D.	22d. ADDRESS 236 Va	· Cor C	umb	urland xig
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION	(City, town or county	(Stete)
Burial Jan. 26, 196	Gl Green Hil	1 Cemeter	v Steph	en City,	Va.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se. R	EC'D BY REGISTRAR	25b. REGISTRAR'S	IGNATURE
James F. Scarpelli, Cu	mberland, Md	DATE	JAN 2 7 '61	arthur S.	/ Cons

\$ ----Mary Lend - 11e any ed yes. . SVA DERENG AVE. a.ova busht Kre. K. Charence Stding Levis Jun. rage water x we made at 25, 1570 co Retired Later Seen. Relieved - Kindletong, Ve. Report . Bras Corden Lewis Man Moel H. bewis, Cufferiano, 44. IT. CLAS E. Darwett, M.D. 2027 to Joseph Commission Burner Janes, 1801 Cheyn Hill Contery Stephen City, Va. Jones F. Scargelli, Combartend, Md.

VR A1S (4) 1SM 9/59

MARYLAND	STATE	DEF	ARTME	NT	OF	HE/	ALTH
DIVISION OF STATISTICAL	RESEARCH	AND	RECORDS -	— В	ALTIM	ORE	1, MAR

STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

036

1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO AS STATE MARYL		d. If institution: Residution COUNTY	dence befare add	nissian)		
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) CUMBERLAND	31 DAYS	c. CITY OR TOWN (IF o		imits, write RURAL as	nd give nearest t	awn)		
d. NAME OF HOSPITAL (IL POLITION OF INSTITUTION MEMORIAL & WARWICK AV	e' Acid (coss) ES.	d. STREET ADDRESS	UTH STRE	ET	01	RESIDENCE N A FARM?		
3. NAME OF DECEASED (Type or print) THE L	Middle	LEWIS	4. DATE OF DEATH	JANUARY	10 Day	19 61		
CCMAIC INITE	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH DEC. 22, 19	e la	GE (In years IF UND st. birthday) yrs.	DER 1 YEAR IF U			
10a. USUAL OCCUPATION (Give kind of wark dane 10 during most of warking life, even if refired) Twisting Dept. 13. FATHER'S NAME	Textile	STRY 11. BIRTHPLACE (State CUMBERLA 14. MOTHER'S MAIDEN N	ND, MARY		U.S.A.	AT COUNTRY?		
CHARLES W. JA	CKSON		E VALENT	INE				
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		MEMORIAL HOSP		Address CUMBERLAN	ND, MD.			
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	exelval S CONTRIBUTING TO DEATH BUT	arterys Octeres NOT RELATED TO THE TERM	disease co	DITION GIVEN IN I	PE	AS AUTOPSY RFORMED?		
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark at wa								
21. I certify that (I) (this trospital) atters saw the deceased alive an	ended the deceased fram 19 6 and that of	ATTENDING MPHYS. 22d. ADDRESS	RMfram the		1	22b. DATE SIGNED		
230. BURIAL, CREMATION, BEMOVAL (Specify) 1-13-1961 24. FUNERAL DIRECTOR'S SIGNATURE	Sunset Memo	or CREMATORY Orial Park 25g. REC		(City, tawn, ar caun	s SIGNATURE	(State)		

PRESIDENTE PRESIDENTE DE LA COMPENSANTE DEL COMPENSANTE DE LA COMP 11.11.11.11 ENALYERS CUO STAU 12 7.1.0 MARKAE HAR 21W31 DEC. 88, 1906 - 51 44.2.0 CHAJYSUK, GVALEZBYS 211743,184 (31 316.13 . CH. CHA! WELKED . . . MAISON MEANING THE BEAT OF FRE Landy Landy Landy The state of the s THE PARTY OF THE PARTY OF THE PARTY. and the same water the same ACT TO THE TAX OF THE PROPERTY . well wants are infrared denne former last al-1 - Intro-ALTERNATION OF THE PARTY OF THE

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	031	CERTIFICA	TIE OF DEAT	П		00	000
1. PLACE OF DEATH			2. USUAL RESIDENCE a. STATE	(Where decease		on: Residence befo	re admission)
6. COUNT	Allegany	MARYLAND		vland	b. COUNTY	Allega	nv
b. CITY OR TOWN	(If outside corporate limits, wri	te c. LENGTH OF STAY IN 1b	1		prote limits, write RI		
RURAL ond give	ostburg	45 vrs.	X RFD 2.	Frosth	שידנו		
	ITAL (If not in hospital, give str		d. STREET ADDRES		-		e. IS RESIDENCE ON A FARM?
Hope Ro	_		Hope Ro	oad			YES NO
3. NAME OF	First	Middle	Last	4. DATE	Mon	th Da	y Yeor
(Type or print)	Elizab	eth Jane	Lohr	OF DEATH	January	17t	h. 196]
5. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR	
Female		OWED DIVORCED	May 22nd.	1887	lost birthdoy) 73 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work done 1	106. KIND OF BUSINESS OR INDE			country)	12. CITIZEN OF	WHAT COUNTRY
Housewi	rking life, even if retired)	Own housework	k Marvl	and		US	Δ
13. FATHER'S NAME		VIII HOUDONOL	14. MOTHER'S MAIDE				
Willia	m Geary		Eliza J	ane Po	ole		
	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	0.1.0	Addr	ess	
(10s, no, or unknown)	(If yes, give war or dates of service)	J	Edison Lo	hr.RFD	2.Hope	Road,F	'bg.Md.
18. CAUSE OF DE	ATH [Enter only one couse pe			6 7	11	INTI	ERVAL BETWEEN
PART 1. DE	ATH WAS CAUSED BY:	icute La	ediar, o	WIL	alaho	32	SET AND DEATH
422	DUE TO		1.00	1		3	0 1000
Conditions, if	ony, which) (b)	myscard	ial m	my/	is some	da 5	n d
gove rise to couse (a), stating	immediate (11		/ //	Inte
lying cause lost				/ /	/		
PARY II. O	THER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	T-NOT RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(0)	9. WAS AUTOPS
CAT		rakete,				No.	YES NO
PART II. O' PART II. O' PART III. O' PART II	AS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	y in Port 1 or Po	rt il of item 18.)		
	Y MEDICAL EXAMINER)						
20c. TIME OF INJU			LACE OF INJURY (Home, actory, street, office bldg.		y or town)	(County)	(Stol
Hour o.m.	10	hile Not while " work ot work	A	, 616.)		220	
21 1 certify th	at (I) (this hospital) att	ended the deceased from	1014-1	19/ C. to	Jan (19/1/ 11	nat (I) (we) la
	ased alive on	11 1 1	death accurred at	1800 /	the causes an		
220. SIGNATURE	a dil			7		-	22b. DATE
BAY	OMCLA	ne	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	Y non	8146
22c. PHYSICIAN'S NAME (Type)	- 111	Part Sale Mark	22d. ADDRESS				111
TVAME (Type)	W. O. McLane	9,	" 167 E.	Main	St., Fro	stburg,	Md.
23a. BURIAL, CREMATI		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, town,	or county)	(Stote)
Buria I	1-29-61	F'bg.Memori	ial Park	Fro	stburg,		Md.
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25a.	REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNATU	RE
1 18	Junt	Frosthung A	AA DATE	IAN 2 3 '6	1 ani	hun S. Thou	~

#Engo man with the second THE S. PARK STREET, S. P. S. P efoci scal halife . Mr. M. W. Abade orgen & Carlot and American - death levelue as elaption 112571120 mysecardisk ment fice and M. Miller Lupley 17 11-16 7 STEEL STATE OF STATES . SM . tard to says. The chart to the total Exedend of A .oli C. . Saudikeri in Sudi falmesettadi i in 198-1. Liblin

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	038	CERTIFICA	TE OF DEATH		UU	104
1. PLACE OF DEA	Allegany	MARYLAND	o. STATE	here deceased lived. If insti b. COUN land All		dmission)
RURAL ond	OWN (If outside corporate limits, write give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, writ	e RURAL and give nearest	town)
	imberland HOSPITAL (If not in hospital, give street	t address)	d. STREET ADDRESS			S RESIDENCE ON A FARM?
	Sacred Heart H	ospital	711	N. Mechanic	C	S NO 🔏
3. NAME OF DECEASED (Type or print)	First Guy	Foghtman	Long	OF DEATH Jar	Month Day	
5. SEX	and the second second second	RRIED NEVER MARRIED	B. DATE OF BIRTH	last birthda		OURS Min.
Male 10a. USUAL OCC	UPATION (Give kind of work done 10)	O. KIND OF BUSINESS OR INDU	Sept. 9,	5,00	12. CITIZEN OF WH	HAT COUNTRY?
	of warking life, even if retired) ht Master Cityof	Cumberland	Cumberla 14. MOTHER'S MAIDEN	nd, Marylan	d U.S.A	
	chard W. Long	·>	Sarah	The second second second		
1S. WAS DECEAS (Yes, no, or unknown)	ED EVER IN U. S. ARMED FORCES? [1]		NFORMANT		ddress Cumber]	-
No.	OF DEATH Enter only one couse per		rs. Mabel G	. Long 711	N. Mechani	AL BETWEEN
gove rise cause (o), s lying couse	s, if ony, which to immediate dating the under-	Dual Fait	crofic He	4	ase 7	GRS
200. ACCIDE OR CONTRIB	11	SCRIBE HOW INJURY OCCURRE	54109: 1	Diabets.		VAS AUTOPSY ERFORMED? S NO D
Haur Haur	a. m. Whi	1	LACE OF INJURY (Home, far actory, street, affice bldget		(County)	(Stote)
TOTAL TOTAL TOTAL TO	y that (1) (this haspital) atterdeceased alive an 12/3	1/ /012		M, fram the causes	and an the date str	
22c. PHYSICI.	Weldle ANG	an wen	ATTENDINGA	AED. STAFF PHYS.	1/2/6	22b. DATE SIGNED
	Dr. S.	Weisman	Comis	LICLINI	7	2
23a. BURIAL, CRE REMOVAL (S Buria	mation, 23b. DATE THEREOF 1/4/61	Sunset Mei	or crematory morial Park	Cumberlar	n, or county) id, Maryla	(Stote) n d
	ector's SIGNATURE Layne George C	umberland, M			EGISTRAR'S SIGNATURE	1321

TO HOSPITALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deoth. Page 4 may be rether this by the hospital ar attending physician.

TO FUNERAL STRECTOR: After this certificate has been signed by the attending physician ond completely filled in the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon pages 1 on the should be filled with the State Boord at Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISI TIMORE 1, MARYLAND 030

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1	CEI	RTIFIC	ATE C	OF D	EAT
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)	PLACE OF DEATH a. COUNTY ALL	EGANY		MARY	LAND	2. USUAL RESIDENCE (W. g. STATE MARYLA	here deceased	b. COUNTY		before a	
	b. CITY OR TOWN (IF RURAL and give no CUMBERL	outside carporate limi grest town) AND	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo	rote limits, write RI	JRAL ond gi	ve nearest	town)
	d. NAME OF HOSPIT	ORIAL HOSP	ive street of	oddress)		d. STREET ADDRESS 428 FAYETTE STREET e. IS RESIDION A FAYES					
3.	NAME OF DECEASED (Type or print)	Fir RI	NE IT	H C.	ı	OTTIG	4. DATE OF DEATH	JA NUA		Day 13	Year 19 61
5.	FEMALE	6. COLOR OR RACE WHITE	7. MARR	IED NEVER MARRIE		6-12-1906		9. AGE (In years birthdoy) yrs.	-		DURS Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE						CUMBERLAI	ND, MAF			S.A.	HAT COUNTRY?
13	FATHER'S NAME	DEVIAL DE			14. MOTHER'S MAIDEN						
1		REYNOLDS	CECO II	COCIAL CECURITY NO	17 1845	ANNA C.	CONDO	Addr			
	es. no or unknown)	if yes, give war or dates of s	ervice)	SOCIAL SECURITY NO			ITAL -	CUMBERLA		ARYLA	ND
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO try, which (b) n mediate	, (e for (a), (b), and (d). Cerebir	al	Edemo					AL BETWEEN AND DEATH
CERTIFICATION	PART II. OTH	Loning	•	Culti	3	OT RELATED TO THE TERM			EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
CERTI	OR CONTRIBUTING	CAUSE OF DEATH	200. 0130	CKIBE HOW HOOK! O	CCORRED.	tenter nature of injury in	7011101101	1 11 01 110111 10.7			
MEDICAL		Y Month, Day, Yes	20d. In While of worl	NJURY OCCURRED Not while		CE OF INJURY (Home, far ory, street, office bldg., et		or town)	(Co	ounty)	(Stote)
2 2 20 14 1	21. I certify that saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)) attend	with	that de	ath accurred a 6	GA, fram AED. OIRECTOR (for ()	the causes an			(1) (we) last ofted abave. 22b. DATE SIGNED STORY OF THE STORY OF TH
L	BURIAL, CREMATION (Specify) FUNERAL DIRECTOR'S	1/16/6	OF /	ADDRESS	TERYOR	During H	Cus REGIST	RAR 25b. REGIS	STRAR'S SIG		(State)
	dani-	Veri il	M.A.	1 2 150 -	10	DATE 1	JAN 1	OI C	when d.	/ Wall	

TO HOSPITAL ARE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be rety of by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 5 should be filed with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/S9

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6 - 4 - A	NO. PARYLAND	LDESTAGE (House
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ONADYNAM, OR	JAZEMUD - UMBERU	rear Lateural		500
	and a William	•		
			HTDOITE	186 F. H. 180

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be reflect by the hospital or ottending physicion. TO FUNERAZ-DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of 2 should be filed with the State Board of Health prior to burial, cremotion, or removal, and is park event, within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH

TANK ALL I MALLI AM	OINTE		LAICH MARKET A		115	Z == 1 T T
ISION OF STATISTICAL	RESEARCH	AND	RECORDS —	BALTIM	ORE 1	, MARYLAND

DI กรถ **CERTIFICATE OF DEATH**

	UTIU									0 -	0 - 6
1. PLACE OF DEATH a. COUNTY	Allegany		MARYLA		o. STATE	yle	_	lived. If instituti b. COUNTY		e before o	
b. CITY OR TOWN (I RURAL ond give no Cumber	7 9	s, write	9/12/1959		/		utside corpor	ote limits, write F	URAL and g	give nearest	town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi		y Infirma:	ry /	d. STREET ADDR		Stree	et			S RESIDENCE ON A FARM? ES NO X
3. NAME OF DECEASED (Type or print)	Firs		Middle Mae		Mackay		4. DATE OF DEATH	Januar		Day 4,	Yeor 19 61
5. SEX Female	4 44 4 4	7. MARR	IED NEVER MARRIED		ATE OF BIRTH 7/8/186	8		9. AGE (In years last birthday) 92 yrs.	IF UNDER Months		UNDER 24 HRS.
Housewif	ing life, even if retired)	one 10b.	KIND OF BUSINESS OR	INDUSTRY				ontry) irginia		U. S	A .
13. FATHER'S NAME	homas All	en		1	Mar		iame Ioward	4			
15. WAS DECEASED EVE		ES? 16.	SOCIAL SECURITY NO.		MANTP.O.	Воз	599				land, Mo
	TH [Enter only one country was Caused BY: IMMEDIATE CAUSE (o)		re for (o), (b), and (c).]	you	ardia	e a	Deger	ceret	on		AL BETWEEN
gove rise to in couse (o), stoting	ny, which (b).	6	erebral	2	rteri	t	cle	rosio	',		?
Lying cause lost. PART II. OTH	(c) ER SIGNIFICANT COND	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	RELATED TO THE	ETERMIN	NAPOISEASE LEGA	CONDITION GIV	VEN IN PART	P	WAS AUTOPSY PERFORMED?
O (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (E	nter noture of inj	jury in P	Port I or Part	II of item 18.)			
Y 20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	20d. IN While of wark	_ Not while _	0e. PLACE foctory	OF INJURY (Hom , street, office blo	ne, farm, dg., etc.	, 20f. (City	or town)	(0	County)	(Stote)
21. I certify that saw the decease 22a. SIGNATURE	- /1	attend 1/61	ed the deceased fr	I D	12/59	, 12. it	.M, from	1/4/61 the causes ar			22h DATE
22c. PHYSICIAN'S NAME (Type)	Dr. Jame	Z- s E	McLean	M.D	ATTENDING PHYS. 22d. ADDRESS		Green	staff M	Cumi	1/l	4/61 ^{GNED}
23a. BURIAL, CREMATIO REMOVAL (Specify) BUTIA	N, 23b, DATE THEREOF		23c. NAME OF CEMET		metery			ION (City, town,	or county)		(Stote)
24. FUNERAL DIRECTOR' GEORGE E	S SIGNATURE	LO	ADDRESS NACON ING,	MD.			BY REGISTI	RAR 25b, REGI	STRAR'S SIC		

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vange II)	buck file		
	ention no.	6360/81/6	for alreading 0
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	9/32/59 4 2/6/61		
L	and posterol tyrolese	r Militaria	

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FOR STATE HEALTH DEPT

lay is necessary, director. Page TO DEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function of director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit; File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CONTROL OF DEATH

CONTROL OF DEATH

1. PLACE OF DEATH e. COUNTY	2. 1	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)					
ALLEGANY	MARYLAND	STATE MARYT.A	ND b. COUNTY	ALLEGANY			
b. CITY OR TOWN (if outside corporete limits, c. LENG		. CITY OR TOWN (If outside	e corporete limits, write Rt	JRAL end give neerest town)			
write RURAL end give neerest town) MT. SAVAGE							
MT • SAVAGE LT		MT. SA	VAGE	e. IS RESIDENCE			
at the state of th	arreer educass,	. STREET ADDRESS		ON A FARM?			
				YES NO X			
3. NAME OF First DECEASED	Middle	Lasi 4. DJ		Dey Yeer			
(Type or print) JOHN AND			EATH JANUAF	RY 7. 19 61			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVI	ER MARRIED 8. DAT	OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS.			
MALE WHITE WIDOWED	DIVORCED MAY	7. 1897	last birthdey) M	onths Deys Hours Min.			
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BU	SINESS OR INDUSTRY 11.	BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?			
done during most of working life, even if retired) MT SAV	AGR			TT C 4			
LABORER REFRACTI		MARYLA	עעט	U.S.A.			
\	14. /	OTHER 3 MAIDEN NAME					
JOHN T. MALLOY			HATTIE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SI (Yes, no, or unkown) (If yes give we ror detes of service)	ECURITY NO. 17. INFOR	MANT	Address				
YES WW 1 214-01	-0069 MRS.	NANA MALLO	Y. MT. SAV	AGE. MD.			
18. CAUSE OF DEATH Enter only one cause per line for (e),	(b), end (c).]	0		INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*)	naly Th	rom bos	res	ONSET AND DEATH			
TO DUE TO		20					
la l	-11 5	Alpian	10	7			
geve rise to immediate cause	mary of	we work					
(e), steting the underlying DUE TO							
cause lest. (c)	TO DEATH BUT NOT BE	700 700 FILE STRAINLES BAS					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT KELA	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN	IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
3				YES NO			
PRIMARY Or CONTRIBUTING	NJURY OCCURED. (Enter ne	ture of injury in Pert I or Per	rt II of item 1B.)				
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OC While Not Wat work et w			(City or town)	(County) (State)			
Hour e.m. p.m. While Not Water of the at work to	7 11110	et, office bldg., etc.]					
21. I certify that I took charge of the remains desc	cribed above, held an	Autopsy []. Inspec	etion . Inquiry	and in my opinion			
death resulted from: Natural causes XI. Accid		, Homicide .	Undetermined man				
Accid	etti [], Salcide [_				
ACTUAL MIN me K		CHIEF MEDICAL EXAMIN					
SIGNATURE OUT Flund	M.I	L		DATE SIGNED			
EXAMINER'S //1 / 1/10/ 1/10/	- Su Dasi	DEPUTY MEDICAL EXAMI	NER	01 17/6/			
NAME (Type) WU IVI LANCE	1110	Address (Street, city, tow		our na			
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAM	AE OF CEMETERY OR CHEM		OCATION (City, town, or	country) (State)			
BURIAL 1-10-6/ 1/2	So . Cemus	exel /	nt savag	e, ma,			
23. FUNERAL DIRECTOR DO DOR	ESS -	24e. REC'D BY RI	EGISTRAR 246. REGISTE	RAR'S SIGNATURE			
Joseph M. Necksl -	Traslbur	THE DATE AN 11	'61 (1-71	a & Kana			
		MALL	1.00	a, / Malla			

ACT AND REAST AND STREET ENGINEERING AND LANGUAGE VALUE SONTER . DE De s . 3 - YEARAD - - YOATAH WEEKA TALENT WINDINGS OF STREET THE ENGLISH CONTRACTOR OF THE PRINCE OF STREET as Correcting lively heads Clorenal salarand The second of th

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	046		OLICIII 10	AIL OI L				Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Allegar	ıy	MARYLAND		ence (wh	ere deceased live and	ed. If institution b. COUNTY	n: Residence		ion)
b. CITY OR TOWN RURAL ond give	(If outside corporate limi nearest town) Cumberland	ts, write	1 mo., 3 das.	111 -	own (If o	utside corporote ning	limits, write RU	RAL and give	e nearest tawn	1)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, g	ive street etrea	oddress) .t	d. STREET A		ain Str	eet			FARM?
3. NAME OF DECEASED (Type or print)	Katie	st	Middle Bradley	larsha		4. DATE OF DEATH	Month Jan	u ry	2.7	Year 19 61
5. SEX Fenale	White	WIDOWI		8. DATE OF BIRTH	, 188	32	78 yrs.		YEAR IF UNDE	Min.
during most of we	TION (Give kind of work or orking life, even if retired) ne	done 10b.	KIND OF BUSINESS OR INDI		ACE (Stote o		(7)		S.A.	COUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				7-7-5-1
	James Lra	adley		1	lebecc	a lille	r			
(Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	None	informant P. Brad	ley	Marsha	Addre	onaco		[
	EATH (Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	33.	Chelina	el Heu	SON (lags			ONSET AND	DEATH
Conditions, if	immediate	45	9 Genera	el dr	ters	escle	rosio	,	?	
cause (a), statin lying couse las	g the under- DUE TO	42.	¿ Tryocar	deal	Den	gener	afton		?	
ICATIC		DITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERM	NAL DISEASE CO	ONDITION GIVE	N IN PART 1	PERFO	AUTOPSY RMED?
	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	f injury in P	ort I or Part II o	of item 18.)			
20c. TIME OF INJU	1. 10	While	NJURY OCCURRED 20e. P	LACE OF INJURY (octory, street, office	Home, farm, bldg., etc.	20f. (City or	town)	(Cou	unty)	(State)
21. I certify alive on	that I attended the	deceas ; 19_	ed from <u>NLC 28</u> L., and that deat 2 Leau		1.6000	M, from the ADDRESS (Street)	ne causes ar	nd on the		
PHYSICIAN'S NAME (Type)	James L.				Green	e St.,	Cumber		nd.	
220. BURIAL, CREMAT REMOVAL (Special Burial	2/2/19)61	22c. NAME OF CEMETERY O				tburg,		(State	e)
23. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		24a. REC'I	BY REGISTRAR		TRAR'S SIGN		7315
GEORGE	EICHHORN	I	ONACONING.	MD.	DATE FE	B 3 '61	an	Chun 8. 4	Frank	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the funeral director, should be filed with may be restinged by the haspital or attending physician.

D FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 at the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL TO FUNERA VS A1S (4) 1SM 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write Funeral c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) ě RURAL and give nearest town) plood d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OMINISTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Month Day Year DECEASED (Type or print) DEATH 1961 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Manths Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address please 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO þ any Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City ar town) 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. While Not while at work of work 21. I certify that I attended the deceased fram. that I last saw the deceased and that death occurred at 3:00 AM, from the causes and an the date stated above. alive on DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL CREMATION. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR arthur & Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 044 00043

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1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution: Res	
	ALLEGANY	. STATE MARYLAND b. COUNTY ALLEG	ANY
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give neerest town)
	write RURAL and give neerest town) CUMBERLAND	CUMBERLAND	
pi	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
			ON A FARM?
	MEMORIAL HOSPITAL 3. NAME OF First Middle	32 LAING AVENUE	YES NO X
	DECEASED	Last 4. DATE Month OF	Dey Yeer
		DONALD DEATH JANUARY	8 1961
Н	7. MARKED A ITETER MARKED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 Y	EAR IF UNDER 24 HRS.
	FEMALE WHITE WIDOWED DIVORCED (OCT. 20, 1898 6261 yrs. Months De	rys Hours Min.
d	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY?
	HOUSEWIFE Own Home	MARYLAND -PICARDY U.	S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	JOHN MILLER	ANNA LAYTON	
,	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
/	(Yes, no, or unkown) (Ifyesgivewerordetasofservice)		DVI AND
	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	EMORIAL HOSPITAL - CUMBERLAND, MA	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	+ the tit had	ONSET AND DEATH
	IMMEDIATE CAUSE (a) CHULL (b)	Myfellu Male Faller	6 MALES
	432. DUE TO A 4	1 11 11+	2
	Conditions, if any, which (b) Ullucula	i Mullalla) yeurs.
	gave risa to immediate cause (a), stating the underlying DUE TO	1, 11-	0
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB		YES NO TO
)	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUREI	D. (Enter neture of injury in Part I or Part II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		ACE OF INJURY (Home, farm, † 20f. (City or town) (Count	ty) (Stete)
	Hour a.m. While Not While	tory, street, office bldg., etc.)	,, (3,0,0)
	p.m. 19 et work et work	1 1	. ,
	21. I certify that (I) (this hospital) attended the deceased from.	acy, 193/, to for , 196	.k, that (I) (we) last
	saw the deceased alive on	t death occured at. J. M. from the causes and on the	e date stated above.
	220. SIGNATURE	ATTENDING . MED. STAFF	22b. DATE
	(STATISTICAL ()	A.D. PHYS. DIRECTOR PHYS.	1/9/61
	72c. MYSICIAN'S	22d. ADDRESS	1211
	NAME (Type) DR. O.G. HIMMELWRIGHT	1336 a alle asculula	ul Mal
	23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	REMOVAL (Specify) Ton 33 3003 Cuncet Mc	emorial Cumberland, Md	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	
	James F. Scarpelli, Cumberland, M.		
	I IMPRIES IT INCOME LICETATA COMPOST TOTAL	DA TENERAL TO THE SECOND SECON	

TO HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Particle may be retained by the hospital or attending physician.

TO FUNEALL DIRECTOR: After this certificate has been signed by the attending physician and completely did not the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remove, and, in any event, within 72 hours after death.

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343° 10000 PERCENT ALL ROSPITAGE 10 m / YHARMAS PORT DAMED ON ON THE PARTY TO THE CHANGE OF THE CHANGE - FIGURE OF THE CHANGE O BOATTAN , ANGRESHOUT - JATTER HE WASTER Trute Broke Hart to have Company of There is her kindles on. c.c. mere and mere and the street of the street of the Burist Jan. 11, 1983 Sunset Jemorial Cumberland, Md. Jones E. Courrelli, Comparisond, Md. Javither Level and

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	PLACE OF DEATH O. COUNTY A1	Items8,9 legany	FilmG	281 2-20- MARYL	00	2 USUAL RESIDEN		ginia	COLINITY	: Residence Harri		sion)
	b. CITY OR TOWN (IF RURAL and give per Cumber L	autside corporate limi arest town) BNO	ts, write c.	3 weeks	N 1b	c. CITY OR TOV	NN (If outside o		ts, write RU	RAL ond giv	ve nearest town	1)
	d. NAME OF HOSPIT OR INSTITUTION 20 We1	mpe Driv		iress)		d. STREET ADD		Ave.	8	5X:	e. IS RES	FARM?
	NAME OF DECEASED (Type or print)	Lau		Middle B.	Mc	Guire	4. DA	ATH	Jan.		4	Year 1961
S. 5	sex Female	6. COLOR OR RACE	7. MARRIED	The second of	_	Nov. 9,	1,889 1,89618	9. AGE	(In years I		YEAR IF UND	ER 24 HRS Min.
	Housewi.	N (Give kind of wark ing life, even if retired I C)	nd of Business or M Home	INDUST	Newbe	rne, W			US US	OF WHAT	OUNTRY
13.	FATHER'S NAME					14. MOTHER'S MA						
	George	Ervin				Alice	Westf	all				
		IN U. S. ARMED FOR		CIAL SECURITY NO.		ORMANT			Addre			
	no		r	ione	Mr	s. Andr	ew Sal	iga, C	umbe	rland	l, Ma.	
NO	Conditions, if an gave rise to in cause (a), stoting the lying cause lost.	nmediate ()	ATRIBUTING TO DEA		OT RELATED TO TH		SEASE COND	ITION GIVE	N IN PART	ONSET AND	AUTOPSY
CERTIFICATION	20a. ACCIDENT WA	CAUSE OF DEATH	20b. DESCRI	BE HOW INJURY OC	CURRED.	(Enter nature of in	ijury in Part I o	r Port II af ite	em 18.)		YES _	RMED?
MEDICAL C		MEDICAL EXAMINER) (Month, Doy, Ye	ar 20d. INJL While of work	_ Not while		CE OF INJURY [Har ory, street, affice bl		(City or town)	(Co	unty)	(Stote)
	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	H. LEO H	14 4 X LE	1 1	that de	ath occurred o		STAF PHYS	F			
23a	BURIAL, CREMATION REMOVAL (Specify)	1-9-6	F 2	Holy Cro		CREMATORY Cemeter		ocation (ci		county)	(Stat	(e)
24.	FUNERAL DIRECTOR'S			ADDRESS	3 74		o. REC'D 8Y RI	EGISTRAR	25b. REGIST	RAR'S SIGN	NATURE	
	James F.	scarpel.	LL, U	umberland	1, M	.Q . D.	ATE JAN 9	'61	_ G	Chur 9	Kraus	Ш.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be refer the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 as a should be filed-with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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)	1. PLACE OF DEATH o. COUNTY	Allegany		MARYLAN		USUAL RESIDENCE () o. STATE Marv	Where decease	sed lived. If instituti b. COUNTY		efore admis	
/	b. CITY OR TOWN (I	f outside corporate limits	, write c.	LENGTH OF STAY IN	1b	c. CITY OR TOWN (I		porote limits, write R			
	RURAL ond give ne			1/6/1961		45.74	erlan				
	d. NAME OF HOSPIT	AL (If not in hospital, gir				d. \$TREET ADDRESS	01 101			le IS RE	SIDENCE
	OR INSTITUTION	Allegany	Count	y Infirma	ary		Tilgh	man Str	set	ON	A FARM?
	3. NAME OF DECEASED (Type or print)	First Marg	aret	Askey		Lost McMurdo	4. DATE OF DEAT	H Januar		8,	Yeor 19 61
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YE	_	-
	Female	White	WIDOWED X	DIVORCED [9	/2/1881		79 yrs.	Months Doy	's Hours	Min.
П	10a. USUAL OCCUPATIO during most of work	N (Give kind of work de	one 10b. KINI	D OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Sto	te or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
	Housewii		Ow	m Home		Vale Sur	mm 1 t	Mervlen	d II.	S.	Λ
	18. FATHER'S NAME				14	MOTHER'S MAIDEN		Hal y Lan	.u U	D .	A.
		James Asl	сөу			Janet	t Cow	an			
_	1S. WAS DECEASED EVER	R IN U. S. ARMED FORC	ES? 16. SOC	IAL SECURITY NO. 1	7, INFOR	MANT P.O.BO	ox 59	9 Addi	ressCumbe	rlan	d, Mo
	No		215	-20-5556	Al	Legany Co	ounty	Infirma	ry Rec	ords	
		TH [Enter only one cou	se per line 16	[(a), (b), and (c).]			1/	1	1 10	NTERVAL BE	ETWEEN DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)_	//	mu	07	ary 1	40	tofras	20	36	hr
	475	DUE TO	18/	- 6	,	1 10	101	7	1		
	Conditions, if or		nro	nic h	repo	sarde	ula	esuce	ration	- 1	
	gove rise to in couse (o), stating t		16.	0.	6	h f		1.0	(7	>
	lying couse lost.	(c)	roer	etera	(urrer	co.	cler	1260	-	P
H	PART II. OTH	ER SIGNIFICANT COND	ITIONS CON	RIBUTING TO DEATH	BUT NOT	MELATED TOLINETER	MINAL DISEA	SE CONDITION GIV	EN IN PART 1(o		AUTOPSY ORMED?
		onr	bac	e a	UX	retto					NO
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	E HOW INJURY OCCU	JRRED. (E	iter noture of injury i	n Port I or Po	ort II of item 18.)			
			20d. INJUR	RY OCCURRED 20e	PLACE (OF INJURY (Home, fo	rm, 20f. (Ci	ty or town)	(Count	ty)	(Stote
ī	Y 20c. TIME OF INJURY Hour o. m. p. m.	19	While of work	Not while of work	foctory,	street, office bldg., e	etc.)			"	,
		. (I) (II) 1 1 1 1 1			1	16/61 .	1	1/8/61			
	and the second of the second	t (I) (this hospital)	7/61	(10)	L A	0/01 M			, 19,		
	saw the decease	ed alive an	191	_19 and the	af déatl	occurred at	M, tran	the causes an	d an the da		d abave
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Keeleen	7 4	nch		ATTENDING	MED.	STAFF		- 1- 1	SIGNED
	22c. PHYSICIAN'S	eners.	0./	LHERD	M.D.	PHYS. 22d. ADDRESS	DIRECTOR	PHYS. X		1/9/	61
	NAME (Type)	Dr. Jame	s E.	McLean		49	Green	ne St.,C	umberl	and,	Md.
	230. BURIAL, CREMATION	N, 23b. DATE THEREOF	23	c. NAME OF CEMETER	RY OR CR	MATORY	23d. LOC	ATION (City, town, o	or county)	(Sto	te)
	REMOVAL (Specify) Burial	1/11/61	4	Rose Hill	l. Cem	etery	Cui	mberland,	Md.		
	24. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS	- Q O11.		C'D 8Y REGIS		STRAR'S SIGNAT	TURE	
	John J.	Hafer. Cu	mberla	nd. Md.		DATE	AN 11 '	61 au	Chun S. Firs	MA	

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

TO HOSPITAL

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00047

Rea. Dist. No

1		reg. Dist. 140.
	o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cumberland, 90 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 730 Greene St.,	d. STREET ADDRESS 730 Greene St., e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF First Middle DECEASED (Type or print) KATHERINE MARIE	MEYERS 4. DATE OF DEATH Month Doy Year 22, 19 61
	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH Oct. 18, 1870 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) OWN home	DUSTRY 11. BIRTHPLACE (State or foreign country) Cumberland, Md. 12. CITIZEN OF WHAT COUNTRY? U. S. A.
7	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Anthony A. Minke	Elizabeth Wegman
1	(Yes, no. or unknown) [If yes, give wor or dates of service]	Address Cumb. Md. Rr. Francis A. Meyers 730 Greene St.,
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BI	ONSET AND DEATH POSSES UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE COLOR DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO P RED. (Enter nature of injury in Part I ar Part II af item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, affice bldg., etc.)
	21. I certify that lattended the deceased from. // 2/ alive on	th occurred at 6:40PM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) M.D. 456 N. Centre St., Cumberland, Md.
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1/25/61 SS. Peter	(0.0.0)
	3. funeral director's signature Address H. Wayne George Cumberland, Mc	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JAN 2 6 '61 Crithy & Kraus

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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely din by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: rages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITATE NEW WEST TO FUNERAL D

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, COU47 CERTIFICATE OF DEATH 01.2

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Maryland Allegany				
	Allegany	MARYLAND					
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16			RURAL and give nearest town)		
	write RURAL end give nearest town)	76	O \ Cambo	- Nama			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	36 yrs.	d. STREET ADDRESS	erland	a. IS RESIDENCE		
		spiral, give street address)	d. SIREET ADDRESS		ON A FARM?		
	229 Cecelia St.		229 Cec	celia St.	YES NO		
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Year		
	(Type or print) Harry	G. Minn	igh	DEATH Jan	. 31 1961		
	5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B	DATE OF BIRTH	9. AGE (In yeers last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.		
	Male White wow			383 77 yrs.	Months Days Hours Min.		
	10a. USUAL OCCUPATION (Giva kind of work done during the diagonal file, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & Stefe, or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	Telegraph Operator Ra	ilroad	Duncansvi		USA		
T	13. FATHER'S NAME	h	14. MOTHER'S MAIDEN				
	Harry Minnig			rie ?			
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Ifyesgive war or dates of service)			Address			
		05-05-8123Gi	lbert Minni	igh, Cumberla	and, Md.		
	18. CAUSE OF DEATH [Enter only one ceuse per	line for (a), (b), end (c).]		-10	ONSET-AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corons	ary /	frombo	us conte		
	4 3 N DUE TO		1 , 0	42			
	Conditions, if any, which (b)	Zelezoco	colita	2	2 grz		
	gave rise to immediate cause	000					
	(a), steting the underlying DUE TO	Thereo	seleros	23	2 gr		
		NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY		
	E PART II. OTHER SIGNIFICANT CONDITIONS CO.	TRIBOTING TO DEATH BOT NO	T KEENIED TO THE TERMIN	THE DISERSE CONDITION SITE	PERFORMED?		
J	V				YES NO		
	PART II. OTHER SIGNIFICANT CONDITIONS COL	SCRIBE HOW INJURY OCCURED	, (Enter netura of injury in P	ert I or Pert II of Item IB.)			
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm	. ' 2Df. (City or town)	(County) (State)		
	20c. TIME OF INJURY Month, Dey, Year 20d. While Hour e.m. 19 et wo		ory, street, office bldg., etc.		(County) (Stele)		
	p.m. 19 at wo	rk et work	7				
	21. I certify that (I) (this hospital) atten	ded the deceased from	une.	195 10	19.6., that (I) (we) last		
	saw the deceased alive on.	29 19 6 1, and Mat	death occured at		and on the date stated above.		
	220. SIGNATURE		ATTENDING M	NED STAFF	22b. DATE SIGNED		
	Clark. Lour	rest M		IRECTOR PHYS.	1/61		
	22c. PHYSICIAN'S		22d. ADDRESS	0 0	1091		
	NAME (Type) Dr.Clay E.	Durrett, M.D.	236 Va	lest Con	orhected ky		
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)		
	REMOVAL (Specify) 2-3-1961	Hillcrest B	urial Park	Cumberland	. Md .		
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REG			
	James F. Scarpelli,		All of the second secon		rthur & Kraus		
)	James F. Ocarpetit,	oumber zuria,	MACE I DAIL	J. 1 C	many d. 7 craus		

-4 Maryland Allogony de yrs. TO WILLIAM ON ORS raw farm contro Hairmin O wran Rile Marker Commission Fig. 1805 - 77 Telegraph Constant Walleds Demodmariles, F. USA Harry Michael . Words of the Contract Signiff, Compeniend, A. Dr. Clay E. Porrettill. D. 12 74 75 FEAR S AND LOND Bordel N-2-1881 Hilleress Fortal Park Cumberlaid, MA. James F. Ser Chill, Cur berlind, Dr. - - End Bill Carte L Mr.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 C0048 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE Marvland Allegany b. COUNTY MARYLAND llegany b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest lown) 65 vrs. Lonaconing Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM Main Street Main Street YES NOT NAME OF First Middle DATE lost Year DECEASED JAMES. MONAHAN DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX last birthday) Days Months Hours Min. Male White WIDOWED [DIVORCED [65 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Longconing None 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Monahan Mary Freal 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 220-10-1061 Anna Monahan, Lonaconing, MD. Yes-World War Mrs. 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Office DUE TO Conditions, if ony, which gove rise to immediate cause DUE TO (o), slating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? ief Medical I NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f, (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while 0 0 of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection M and in my Suicide . Hamicide . opinian death resulted from: Natural causes . Accident . Undetermined manner DATE SIGNED DIREC ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 4 sharid **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) 40 REMOVAL (Specify) 1960 Lonaconing. Marvs Cemeterv Burial 23. FURTERAL DIRECTOR'S SIGNATURE 246. REGISTRAR'S SIGNATURE VS. A15ME DATE AN 1 0 '61 arthur & Thous 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

a. COUNTY				ion: Rasidance bafora admission)
Allegany	MARYLAND	a. STATE Maryla	and b. COUNTY A	llegany
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	sida corporata limits, write RURA	
Frostburg	2 Days	X R.D.#1 (C	arlos) Frost	burg
d. NAME OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Miners Hospital				YES NO X
3. NAME OF First DECEASED	Middle		DATE Month	Day Year
(Type or print) HUGH	M	ORGAN	of DEATH Jan.	30th 19 61
5. SEX 6. COLOR OR RACE 7. MARR		. DATE OF BIRTH	9. AGE (In years IF UN	
M W widow		larch 6,1919	last pinhday) Mont	ths Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County &	Stata, or foreign country) 12	CITIZEN OF WHAT COUNTRY?
done during most of working life, even if ratirad) Orderly Ho	spital	Carlos		U.S.A.
13. FATHER'S NAME	oproar	14. MOTHER'S MAIDEN NAM	LE .	U.D.M.
William Morgan		474 on 0m	ad m	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	Alice Sp	Address	Ma
(Yes, no, or unkown) (Ifyes givawar or datas of servica)	ON ON COOM No.	Marana D D	//2 D 30	Md.
NO NONE ZZ	20-07-6904 MW	. Morgan, R. D	. #1, Box 19	B, Frostburg,
PART I. DEATH WAS CAUSED BY:	M	A = A ()		ONSET AND DEATH
IMMEDIATE CAUSE (a)	moca	and my	relien	us unanes
DUE TO	(00 - 1 40		+ 9
Conditions, if any, which gave rise to immediate cause	Comany B	celloso +	revious infan	whin do mos
(a), stating the underlying DUE TO	D'INT	h.000.1-	(Constant	25 mg
z causa last. (c) Co PART II. OTHER SIGNIFICANT CONDITIONS CO	Travelles	T NELLULA	COSCURE)	PART 1(a): 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CO	TO DEATH BOTH	OF RELATED TO THE TERMINAL	NISERSE CONDITION GIVEN IN	PERFORMED?
5 Carte	1 rachertis			AE2 NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	ESCRIBE HOW INJURY OCCURED	. (Entar nature of injury in Part I	or Part II of Itam 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20d			20f. (City or town)	(County) (Stata)
20c. TIME OF INJURY Month, Day, Year Hour a.m. White p.m. 19	1401 44 11119	ory, streat, office bldg., atc.)		
21. I certify that (I) (this hospital) atte	nded the deceased from	3/19 196	19 to 1/30	, 19 6.(, that (I) (last
				on the date stated above.
22a. SISNATURE	A	deall occured alm.	i, itolii ille causes alla	22b. DATE
de a l'Illas	100	ATTENDING MED.	TOR PHYS.	SIGNED
22c. PHYSICIAN'S	man m	22d. ADDRESS		•
NAME (Type) FRANK T	HARRAT	26 W. mo.	chanic St.	troslaure me
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town or o	county) (Stala)
REMOVAL (Specify) 2-2-67	Frostburg Me	moniel Desi	T7	Md.
Burial 24 FUNERAL DIRECTOR'S SIGNATURE Hafe			Frostburg	AR'S SIGNATURE
12 117 -1	E. Main, Frost	IIIC Ern	0 104	un S. Krous
Central 1. 104 not 24 20 B	1. marii, 1.1080	park Mar.	Coma	M. I VIAMA

(Pull) TO BE JUDGE STORE OF THE VICE हा मेनाम मध्ये प्रति है। जार का जार के जार के किया है। जार साम के जार के किया है। जार का जार के जार के जार के A PATA CONTRACTOR TO THE PROPERTY OF LABOUR 12 04 11 Throat Talanto de grand and it surround with the Transport of Aprel 1 The page 1 stage 1 sta

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

051 CERTIFICATE OF DEATH

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001		112 01 247111		Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY A T.I.E.G.A NEV	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	nere deceased lived. If institut b. COUNTY	tion: Residence before admission) Y MTNERΔT.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LUKE	c. LENGTH OF STAY IN 16	e. CITY OR TOWN (IF &	utside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	3 04 85	9. IS RESIDENCE ON A FARM YES IN NOT
CITY BUILDI		58 Thir		
3. NAME OF DECEASED (Type or print) JOHN JOS		Lost	4. DATE Mo OF DEATH JA	N 4 Day Yeor
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	
MALE WHITE WIDOWE		JAN.17,18	94 66 yrs	
100. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if reticed) MAINTAINANCE FOR C	TTY OF LIKE	PTEDMON	or foreign country)	12. CITIZEN OF WHAT COUN
3. FATHER'S NAME	TIL T HOME	14. MOTHER'S MAIDEN N		U.D.M.
JAMES MUNSIE		AMELIA	JOSE	
Yes, no. or unknown	19-14-5604	MYS Lene	MUNSIE	Piedmonth
18. CAUSE OF DEATH [Enter only one couse per line	/gr (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Larona	24 Ochles	len)	ONSET AND DEAT
IMMEDIATE CAUSE (o)	0000	1	,0	14/0
Conditions if any which)				
gove rise to immediate		V		
couse (o), stoting the under- lying couse lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOP PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Part I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. m. While of work	Not while for	ACE OF INJURY IHome, form clory, street, office bldg., etc.	20f. (City or town)	(County) (Ste
21. I certify that I attended the decease	d from Jan	1 , 196 1 , to X	ace 4 , 196	/_,that I last saw the dece
alive on 196	, and that death		AM, from the causes ADDRESS (Street, city or town	ond on the date stated ab
ACTUAL SIGNATURE SIGNATURE	Trella VV	M.D		
PHYSICIAN'S NAME (Type) Jas. H. Wolver	ton Md.	Green St	. Piedmont,	W.Va. 1/4/61
220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify)	Mt. Zion C		22d. LOCATION (City, town,	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246. REG	W V 2
11N+Aloch W.	Piedmomt.			Tathua & Karus

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, should be filed with may be retined by the haspital ar attending physician.

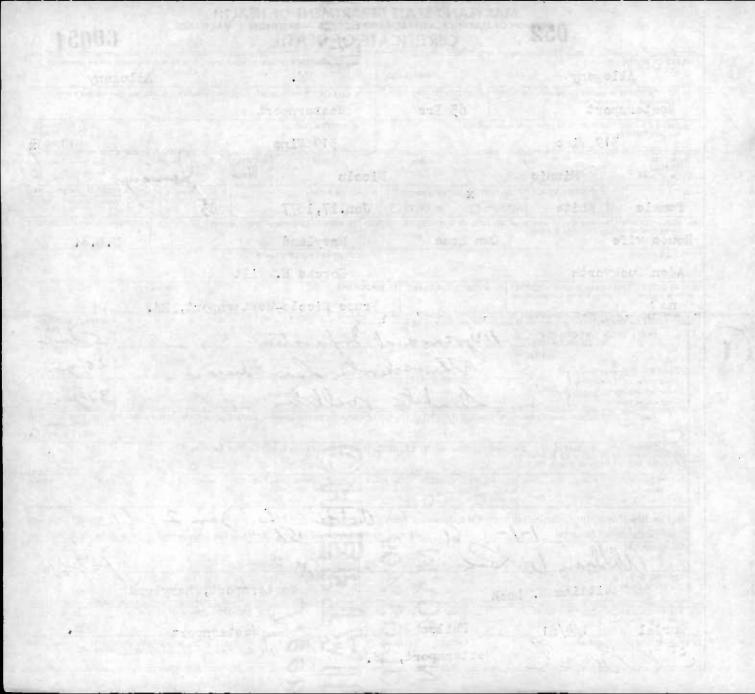
D. FUNERA IRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OR A may be regised b VS A15 (4) 15M 9/55

TENES	US 1 CERTIFICATE OF DEATH				
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	MARYLAND STATE DEPARTMENT OF HEALTH
n	PINSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN
υ	PHYSION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAN CEPTIFICATE OF DEATH

1.	1. PLACE OF DEATH o. COUNTY Allegany b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Westernport d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 319 Vine					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Md. b. COUNTY Allegany							
						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport							
						d. STREET ADDRESS 319 Vine					e. IS RESIDENCE ON A FARM? YES NO		
3.	NAME OF DECEASED (Type or print)	Minnie		Middle	Nic	olo last		4. DATE OF DEATH	1/-	Nonth	Day	Y 2, 1	ear 6
5.	Female		7. MARRIED 🔀	NEVER MARRIED		ate of Birth	877	5	AGE (In year last birthday 93 y		R 1 YEAR I	Hours	R 24 HRS. Min.
	a. USUAL OCCUPATION during most of warkin House wife FATHER'S NAME	N (Give kind of work doing life, even if retired)	Own			Maryl	and		untry)	12.CI	U.S.		OUNTRY?
13	Aden Duckw	ra sadila			14	. MOTHER'S M							
15	. WAS DECEASED EVER		ES2 14 SOCIA	L SECURITY NO.	17. INFOR	Dorca	IS E.	Wilt	A	ddress			
		yes, give wor or dates of sen		L SECORITI NO.		uce Nic	010-	Wester		Md.			
	PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate (b) Attraction INTERVAL BETW ONSEL AND DE Conditions, if ony, which												
ATION	couse (o), stating the lying couse lost. PART II. OTHE	R SIGNIFICANT COND	ITIONS CONTRI	Diafele BUTING TO DEAT	H BUT NO	related to t	THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN PA	RT 1(o) 19	. WAS A PERFOR	AUTOPSY RMED?
CERTIFICATION		CAUSE OF DEATH	20b. DESCRIBE I	HOW INJURY OCC	CURRED. (E	nter noture of	injury in P	art I ar Part	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while at work at work at work at work at work at work.												
	saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S	(I) (this haspital) and alive an from William W.	1-	/1		h accurred ATTENDING PHYS. 22d. ADDRES	ME DIF	D. RECTOR	he causes STAFF PHYS. rt, Man		ne date	stated	abave. DATE SIGNED
23	REMOVAL (Specify)	, 23b. DATE THEREOF		NAME OF CEMET	ERY OR CR	REMATORY			ON (City, tow)	(State	•)
24	Burial FUNERAL DIRECTOR'S	1/4/61 SIGNATURE	,	Philos ADDRESS ternport	, Md.		2So. REC'I	West BY REGISTE AN 4	ernport	GISTRAR'S S	SIGNATURI A. The	Md.	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 053 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Rasidança before admission) a. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Cumberland 59 yrs. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a IS RESIDENCE ON A FARM? W. Offutt St. Offutt St. 219 YES NO IX 3. NAME OF 4. DATE Middle DECEASED Jan. 61 (Type or print) Millard Russell F. Owens DEATH 19 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months Male White WIDOWED DIVORCED 1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratired) Machinist Helper Railroad Cumberland, Md. USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jennie Troutman Oliver P. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror dates of service Mrs. Millard Owens, Cumberland, Md. no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] INTERVAL BETWEEN 2 months PART I. DEATH WAS CAUSED BY: Congestive Heart Failure Arteriosclerotic Heart disease, with cardiomegaly, recent myocardial infarction (Aug 1960) 3 years gave rise to immediate cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19. WAS AUTOPSY PERFORMED? Diabetes Mellitus: possible cancer (could not be diagnosed) YES INO DE 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)

20c. TIME OF INJURY Month, Day, Year Hour e.m. While Not While et work at work

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) fectory, street, office bldg., etc.)

21. I certify that (I) (this hospital) attended the deceased from September 2,1960, to January 31,19 61 that (I) (we) last saw the deceased alive on January. 26th 19.61., and that death occured at 7... P.M., from the causes and on the date stated above. 22b. DATE 22a SIGNATURE 2-1-61 SIGNED ATTENDING

PHYS.

Wyand F. Doerner, Jr., M.D.

22d. ADDRESS Algonquin Hotel, Cumberland, Md.

DIRECTOR

23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Burial

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park 23d. LOCATION (City, town or county)

PHYS.

Cumberland, Md.

24 FUNERAL DIRECTOR'S SIGNATURE

James F. Scarpelli, Cumberland, Md.

25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur & Krous

(County)

(Stete)

(State)

VR A15 (4) 15M 9/60

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(P. Brainy 2) (0291 aga) instruments in Dring or Surpey
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                                          50 c. C. Samuel Do C. C. Halles
             19-1-2 to 19-19 to 19
                                       Frank L. Commer, Mr.D. M.D. Michael n Horels Arteriand, Md.
                                             duriel 6-2-1961 Funest Momental Pair Cubberl nd, Ma.
                                       June 3 F. Scarpelli, Dunberland, Mr. ... ... 51 GEL films
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

RTIF	ICA'	TE C	OF D	EA	HT			

-										-
1.	PLACE OF DEATH	any		MARYLAND	2. USUAL RESIDENCE (W. a. STATE Md.		l lived. If institution b. COUNTY	on: Residenc		
	b. CITY OR TOWN (I RURAL and give no Westernpo	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) Westernbort								
	d. NAME OF HOSPIT OR INSTITUTION	d. STREET ADDRESS 214 Hammond				e. IS RESIDENCE ON A FARM? YES NO 🔀				
3.	NAME OF DECEASED (Type or print)	Jesse Fir	st	Middle	Potter	4. DATE OF DEATH	Jan Mon	th	Doy 14	Year 1961
	Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Jan. 9, 189	0	9. AGE (In years lost birthdoy) yrs.		YEAR IF UND Doys Hours	1
1	Civil engi	king life, even if retired Neer)	entracting Co.	Littleto 14. MOTHER'S MAIDEN	n, Mas	s.	-	S.A.	COUNTRY
Ł	John S. I				Adelaide	Marsha				
15. (Ye	Yes	R IN U. S. ARMED FOR (If yes, give wor or dates of s W.W.1	CES? 16.		nformant John S. Potte	r-West	ernport,	Md.		
		TH WAS CAUSED BY:)	ne for (o), (b), and (c).]					INTERVAL BONSET AND	D DEATH
	Conditions, if ony, which gove rise to immediate (b).								270	
z	gove rise to immediate couse (a), stating the under: DUE TO Iving couse lost.									
CATION	4	metersion	+	Certal a	tropping.			PEN IN PARI	PERF	ORMED?
L CERTIFI		LUNDERLYING COURSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURRI				6.5		
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work at wo									
	21. I certify that (I) (this haspital) attended the deceased fram 19 ta 19 that (I) (we) last saw the deceased alive an 19 and that death accurred at A.M. fram the causes and an the date stated above.									
	22a. SIGNATURE M.D. ATTENDING MED. STAFF SIGNED 22b. DATE SIGNED									
	22c. PHYSICIAN'S NAME (Type)	William W.	Les	h	22d. ADDRESS Main St	. West	ernport,	Maryl	and	
23a	BURIAL, CREMATIC REMOVAL (Specify) remation	1/16/61	OF		or Crematory - Washington,	D. 23d LOCA	Concord,	or county) Mass	(Ste	ote)
24.	EUNERAL DIRECTOR	S SIGNATURE		Westernport		C'D BY REGIST		STRAR'S SIG		13

estato. STREET, NAME OF THE OWNER, THE CHARLEST ENDINGERS done il autor A V the state of the s The state of the s

00054

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where dece		nce before admission)
Allegany	MARYLAND	G. STATE Maryland	B. COUNTY AT	Legany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside co		
Frostburg	Lifetime	Frostbu	20	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
142 E. College Ave.		142 E. (College Ave.	YES NO
3. NAME OF First	Middle	Last 4. DATE OF	Month	Day Year
(Type or print) James	Lindley	Rank DEATH	January 1	6th. 1961
5. SEX 6. COLOR OR RACE 7. MARRI			Level Advantage A	TYEAR IF UNDER 24 HRS.
Male White WIDOWE	D DIVORCED A	Oct.22nd,1895	65 yrs. Manths	Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country) 12, CITI	ZEN OF WHAT COUNTRY?
Journalist Jo	urnalistic	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Henry Rank		Mary Jane D	ando	
	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
Yes W.W.1	Mi	ss Sarah Dando	.97 Hill St.	.F'bg.Md.
18. CAUSE OF DEATH [Enter only one cause per line		PU BULLUT	171	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Pulmonamy Conge	stion and Edema,	Marked	2-3 Hrs.
	urinonary oonge	Boron and Indina,	IRLACG	2-7 111 50
DUE TO	Acatic Ctemori	s, Myocardial Hyp	ant nonher Manle	Vacant
Canditians, "if any, which gave rise ta immediate couse (b)	WOLGTG PROHIOPT	s, ryocardial ny	berurophy, mark	ed Years
(a), stating the underlying DUE TO	Dhamatia male	-7:4:0 -3:467:3	. Piantin	37
(4)		nlitis with calci		Years
AKT II. OTHER SIGNATIONS CO	NALKISOTING TO DEATH BOT IN	OI REDATED TO THE TERMINALDISEA	SE CONDITION GIVEN IN PAR	PERFORMED?
5				YES 🔀 NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	E HOW INJURY OCCURRED. (E	nter nature of injury in Part I or Part I	(Lafitem 1B.)	
3 20c. TIME OF INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 120f. (Ci	ty or town) (Cou	inty) (State)
20c. TIME OF INJURY Month, Day, Year 20d, Haur a. m. 19 While at we	Not while factors at work	ry, street, office bldg., etc.)		
21. I certify that I took charge of the	remains described obov	ve, held on Autopsy X,	Inspection 🔼, Inquir	y K, and find that
deoth resulted from: Natural couses	Accident [], Suid	ide 🔲 , Homicide 🔲 , L	Indetermined cause	
1119 100	/			
ACTUAL SIGNATURE	Inc.	M.D. CHIEF MEDICAL EXAMINER	Tan	DATE SIGNED
		ASSISTANT MEDICAL EXAMIN		19
NAME (Type) W. O. McLane,	B2.	DEPUTY MEDICAL EXAMINER	Ø /	961
22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OR		ATION (City, tawn, or county)	(State)
Burial 1-21-61	F'bg.Memori	al Park Fr	ostburg,	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS	TRAR 24b. REGISTRAR'S SIG	NATURE
I M. Dunst	Frostburg, M	d. DATEN 2 3 '61	Cuing 8 to	aus

VS. A15ME(5) 5M 9/55

or removal.

. By . 121 E. . 25. LETH. TV. . ething please in the to the many of the contract which in the contract The land of the land of the

VS A15 (4) 1SM 9/55

CERTIFICATE OF DEATH

N

Pan Diet No.

115.5	021(11110)		Reg.	Dist. No.
1. PLACE OF DEATH alles any	MARYLAND	2. USUAL RESIDENCE (Where on STATE Mary	deceased lived. If institution, Residual b. COUNTY	degce before admission)
b. CITY OR TOWN (If autside corporate Imits, write c. LI	ENGTH OF STAY IN 16	2 CITY OR TOWN (If outside	le corporate limits, write RURAL on	d give/nearest town
OR INSTITUTION 09 Office	59.	d. STREET ADDRESS	futt St.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Engenia	Middle		DATE Month OF DEATH	Doy Yeor
femile White WIDOWED &		DEC. 18, 188	9 AGE (In years IF UNC Month yrs.	FR 1 YEAR IF UNDER 24 HRS. S Doys Hours Min.
You. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	OF BUSINESS OR INDUS	maryl	and	CITIZEN OF WHAT COUNTRY
William Koon	to	Mary E	: Kerns	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	100	so. Helen To	twlings (und. M&
1B. CAUSE OF DEATH [Enter only one couse per line for PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(0), (b), and (c).]	ary The	montons	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate DUE TO	Arlen	conclero	Diè.	4 ge
lying cause lost.				
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED	. (Enter noture of injury in Part	1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY Hour o. m. While of work	Not while foc	CE OF INJURY (Home, farm, 2 lory, street, office bldg., etc.)	Of. (City or tawn)	(County) (State)
21. I certify that I attended the deceased for	1 /		1961, that A, from the causes ond on	I last saw the deceased
ACTUAL Clary, Jour	2011		RESS (Street, city or town, state)	DATE SIGNET
SIGNATURE				
SIGNATURE PHYSICIAN'S NAME (Type)		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
PHYSICIAN'S NAME (Type)	NAME OF CEMETERY OF	CREMATORY 220	J. LOCATION (City Jown, arcount	2 m2

THE RESERVE OF A CONTRACT ASSESSMENT OF THE PARTY OF THE		TIPMED.		
	AND THE RESERVE OF THE STATE OF			
	A V R O.S.		3.5	
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				Out the same
			Marie Operat Research	Tallanes (A)
				and the same
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		In the services		
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TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per 44 may be retained by the hospital or attending physician.

Yo FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely die in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Tages 1 and 2 should be detached for use as the burial-transit permit. And in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution, Residence before admission)
a. COUNTY ALLECANY MARYLAN	a. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	
CUMBER LAND 21 HRS	V See See See See See See See See See Se
2 1110	Near Oldtown; Md. Rural
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	ON A FARM?
MEMORIAL HOSPITAL	Sulphur Spring Road YES X NO L
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Typa or print) GLEN N ROY	REDINGER DEATH JANUARY 4 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Months Days Hours Min.
MALE WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR IND	HINTE 19 1090
dona during most of working life, even if ratired)	
Sawyer, Retired Saw Mill	Bedford County, Pennsy, S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
THOMAS REDINGER	ZELDA DICKEN S
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
No (Ifyasgivawarordatasofsarvica) 217-10-6550	MEMORIAL HOSPITAL, CUMBERLAND, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	med Jasenla allercleur ONSET AND SET AND SET AND SET AND SET ATT
DUE TO	or Huper Cle des Vocabe Aboune
Conditions, if any, which gave rise to immediate causa	A Mapa Cue des follates romane
(a), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONTIONS CONTRIBUTING TO DEATH BY	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Town & His	YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIATH BY 20a. ACCIDENT WAS UNDERLYING Job. DESCRIBE HOW MIJURY OCCUPANTIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUS	URED. (Enter natura of injury In Part I or Part II of itam 18.)
GR CONTRIBUTING CAUSE OF DEATH	
	PLACE OF INJURY (Homa, farm, † 20f. (City or town) (County) (Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20d Hour a.m. Whila Not While at work at work at work	factory, streat, offica bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased fi	om. 16620, 1953 to Nor 29, 1960, that (1) (we) last
saw the degeased alive on 100-29 1960, and	that death occured at.1
22a. SIGNATURE	ATTENDING 6 MED STAFF 22b. DATE
Allen Lather	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	HT 133 VIRGINIA AVE., CUMBERLAND, MD.
UR. G. OVERTON HIMMELWRIG	
Bullul bung 1, 1701 ollows	
24 FUNERAL DIRECTOR'S SIGNATURE H. Wayne George, Cumberla	nd, Md. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE nd, Md. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE and, Md. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE and, Md. 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
n. wayne dedrye, cumberra	nd, Md. DATHAN 9 '61 arthur & Kraus

Marine Control of the YMANEJJA CHARLETANAY Y: 1.1.1 EM Ingern Composition of the companie THE PART OF THE PARTY OF THE PA 48814 7, 1896 A.P. Times , to the house of the last term of the last te 1 2 2 2 2 2 7 10 27 Dr. C. overon guartyeter 158 Vigol II Ave., or Estables, to. Daniel Committee of the to still deligio deligional del contrata del

VS A1S (4) 15M 9/SS

MARYLAND	TE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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	058		CERT	IFIC/	ATE OF D	EATH	1		Reg. Di		UUU	;04
1. PLACE OF DEATH o. COUNTY	Allegany		MAR	YLAND	2. USUAL RESID	ENCE (Wh		ved. If institution b. COUNTY	oni Resider		re odmiss	ion)
b. CITY OR TOWN (IF RURAL and give nea	outside corporate limi rest town) Cumberland	ls, write	c. LENGTH OF STAY		c. CITY OR T		utside corporate	e limits, write R	URAL ond	give nec	arest town	1)
d. NAME OF HOSPITA OR INSTITUTION	t (If not in hospital, g Sylvan		METER IN THE		d, STREET AT		altino	re Aven	ue			FARM?
3. NAME OF DECEASED (Type or print)	Fir Líyrt		Middle Eliza		Reed		4. DATE OF DEATH	Mon Janu		Do '2'		Year 19 ⁶¹
Female	White	WIDOWE	-	ED 🔲	-/ 1/	31		AGE (In years lost birthday) 7 yrs.	Months	Days		ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of workin Housewife	N (Give kind of work on ng life, even if retired)	lone 10b.	Own Home	OR INDU		ACE (Stote of	or fareign coun	ntry)		TIZEN O		COUNTRY
13. FATHER'S NAME	Inknown				14. MOTHER'S	MAIDEN N		ah Faze	nbake	r		
1S. WAS DECEASEDEVER [Yes, no, or unknown) (If	IN U. S. ARMED FOR yes, give wor or dates of u		NONE). 17. I	NFORMANT			Addi	ess			
PART I. DEATI Conditions, if any gove rise to im cotise (o), stoling Ih	MMEDIATE CAUSE TO DUE TO which (b) mediate (DUE TO	2 CX 450	Levelr	ry	arte	ul x	egen	relati	T2.	ONS	ERVAL BE	TWEEN DEATH
ZOLY PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	- /	NAL DISEASE C	ONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS / PERFO YES []	RMED?
	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURKE	D. (Enter noture of	injury in P	ort I or Port II	of item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While	Not while of work	20e. PL	ACE OF INJURY (Hottory, street, office	lome, farm, bldg., etc.	20f. (City or	town)	(4	County)		(Stote)
21. I certify the olive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	t I attended the	3	meden that	death	occurred ov	9 2		t, city or town,	nd on t	he do	te state	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	Jan. 30,19				R CREMATORY	k		20022	d.		(Stote	•)
23. FUNERAL DIRECTOR'S Byron I		umber	address land, Md.				BY REGISTRAI		TRAR'S SIG	- 11		

LEVEL MERCH BURN Continue on Ball Stan Section for the party of the process of the first the first terminate and the first terminates a

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1. Then please remove carbon papers. Pages I arread shauld be filed with and in any event within Xchours after death.	
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		009	CERTIFICA	TIE OF DEA	IH				
	PLACE OF DEATH			2. USUAL RESIDENCE	E (Where decease	ed lived. If institution	on: Residence bef	ore admiss	ion)
	Alle	gany	MARYLAND	Maryla	and		gany		
	b. CITY OR TOWN (II RURAL ond give ne	outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OF TOW	N (If outside corpo	prote limits, write R	UKAL ond give no	earest town)
		stburg		Lonac	oning				
	d. NAME OF HOSPIT.	AL (If not in hospital, give stree	t oddress)	d. STREET ADDR	ESS			e. IS RES	IDENCE FARM?
	Min	ers Hospital		Dudle	y Stre	et			NO 💽
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Mon		ay	/eor
	(Type or print)	HARRY		REIBER	DEATH	1/13/1	961		9
S. :	SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years			
	Male	White widow	VED DIVORCED	10/5/18	80	80 yrs.	Months Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work done 10b	KIND OF BUSINESS OR INDU				12. CITIZEN C	OF WHAT C	OUNTRY?
	Retired	ing life even if retired Tire	Co.	Welle:	rsburg,	Pa.	U.S.	A.	
13.	FATHER'S NAME			14. MOTHER'S MAI	DEN NAME				
	制造通性	William Rei	lber	Matile	da Long				
		R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Add	ress		100
	No	in yes, give nor or delice or service,		Mrs. Gene	Evans	Lonac	oning,	MD.	
	18. CAUSE OF DEA	TH [Enter only one cause per	line for (o), (b), and (c).]	(DAUGH	TER)			TERVAL BE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	acute my	- die	l ins	wherein	ney	ISET AND	DEATH
	1233	DUE TO	1	,		00			
	Conditions, if or	ny, which)	arterosele	with co	udina	- sutur	die	, 1	5 NI
	gove rise to in	mmediate (DUE TO							-
	lying couse lost.	the under-					V23-0		
Z		IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(o)	19. WAS	AUTOPSY
ATIC		function: S	ubtotal gas		section			PERFO YES [RMED?
TIFIC			SCRIBE HOW INJURY OCCURR	ED. (Enter noture of inju	ury in Port I or Po	rt II of item 18.)			
CERTIF	OR CONTRIBUTING	S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)							
SPI	20c. TIME OF INJUR	Y Month, Doy, Year 20d.		LACE OF INJURY (Home		y or town)	(County	')	(Stote)
MEDI	Hour o. m.	While	e Not while fork ot work	octory, street, office bld	g., etc.)				
2	p. m.			0- 1-	20/1.	1- 13	20//	1 . (1) (2.1
		t (I) (this hospital) atten	ded the deceosed from			Jan 13			
	saw the deceos	ed olive on	13_196/., and that	deoth occurred of	IJIEM, from	the causes an	d on the dot		DATE
Н	alvi	nde Watt	us	M.D. PHYS.	MED.	STAFF PHYS.	1/14	/61	SIGNED
	22c. PHYSICIAN'S		A CONTRACTOR	22d. ADDRESS		Address of the same			
	NAME (Type)	Alvin J. Wal	ters	Fro	stburg,	MID.			
230	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	ATION (City, town,	or county)	(Stot	e)
F	REMOVAL (Specify)	1/16/1961	Laurel Hi		200	scow, M		,	
_	FUNERAL DIRECTOR		ADDRESS	The Court of	REC'D BY REGIS		STRAR'S SIGNAT	URE	-
	CEORCE	ETCHHORN 1	ON ACON THE		TE JAN 16		11 - 9 4		

Transporter Tomas Transporter . CH (BEHOLD DE LE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 159

		060		CERTIFICATI	OF DEATH				00000	
7	PLACE OF DEATH COUNTY ALLEGANY			MARYLAND	2. USUAL RESIDEN	ICE (Whare dace	ased livad, If i		nca bafora admis	sior
	b. CITY OR TOWN (in write RURAL and CUMBERLA	foutsida corporate limi give naarest town)	ts, c	LENGTH OF STAY IN 16	c. CITY OR TOWN		ata limits, writa	RURAL and give	naarest town)	
94	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hospita		d. STREET ADDRESS				a. IS RESIDE ON A FA YES NO	RM
3.	NAME OF DECEASED (Type or print)	First		Middla	Last	4. DATE OF DEATH	Month	Day		
5.	SEX	6. COLOR OR RACE		NEVER MARRIED [7]	REYNOLDS B. DATE OF BIRTH		JA NUA	FUNDER 1 YEAR	1% R IF UNDER 24	HRS
	MALE	WHITE	WIDOWED [DIVORCED	MARCH 10, 18	93 6	7 yrs.	Months Days	Hours M	in.
d	one during most of wo	rking lifa, avan if retira	d)	OF BUSINESS OR INDUS			100		OF WHAT COUN	ITRY
	tired Ma	cninist	B. 6	GO. Rwy.	14. MOTHER'S MAIDEN		ANU	U.S	•A.•	
	1.4	WSON PEYNO	IDS		MARY B	ENNER				
	es, no, or unkown) (II			CIAL SECURITY NO. 17.	INFORMANT		Address			
,,		WW # 1	14160)	ME	MORIAL HOSPI	TAL - CU	MBERLAN	D, MARY	LAND	
		EATH [Enter only one H WAS CAUSED BY:	causa per line	for (a), (b), and (c).)					NTERVAL BETWEE	
	Conditions, it any gava rise to immedi (a), stating the un cause last.	ate causa nderlying DUE TO								
NOIT	PART II. OTHER	SIGNIFICANT COND	TIONS CONTR	IBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIV	EN IN PART 1(a)	PERFORME	Dr
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	Urina	ry calculi	ED. (Enter nature of injury in	n Part I or Part II o	if item 18.)		YES NO	
MEDICAL	20c. TIME OF INJU Hour a.m. p.m.	RY Month, Day, Ye	while at work		LACE OF INJURY (Homa, fa actory, street, offica bldg., at		or town)	(County)	(Stat	e)
		hat (I) (this hospied alive on]			at death occured at				date stated at	001
	22a. SIGNATURE	Rega l.	Been	the t	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1-3	22b. D/ SI	GNI
	22c. PHYSICIAN'S NAME (Typa)	DR. R. W	. BALLI	N	62 GREE	NE ST.,	CUMBERL	AND, MD	•	
	Burial, CREMATI REMOVAL (Specify) Burial	Feb.	REOF 2		Mem. Park	Cumb	erlance	l, Md.	(Stata)	
24	H. Wavne	~	Cumb	erland. Md		EC'D BY REGISTR				
	ii. nayiic	ocurge	Oumb	criand, Mu	• DATE	200		rethung 8. Th	talle	

TO HOSPEZE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Per 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely ed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Fages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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Jane Day Turker Be

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ALLEGARY SEE

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Yes the state of t

DR. R. W. TALLIN - 62 CHEENE ST., CURSERLING, YD.

VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE o. STATE MAI	(Where deceased line RYLAND	ved. If institution b. COUNTY	n: Residence before admission) ALLEGANY
b. CITY OR TOWN RURAL and give	(If outside carporate limits, write searest town) STBURG	c. LENGTH OF STAY IN 16	1 0	(If autside carporate OSTBURG	e limits, write RU	RAL and give nearest town)
d. NAME OF HOSE OR INSTITUTION	W. MAIN ST.	t oddress)	d. STREET ADDRES	W. MAI	N ST.	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	RUTH	Middle C .	RUFFO	4. DATE OF DEATH	JANUA	
S. SEX FEMALE	6. COLOR OR RACE 7. MAR WIDOV	RRIED NEVER MARRIED DIVORCED DIVORCED	JAN. 31,	1915		F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
10a. USUAL OCCUPATE during most of we HOUS	NON (Give kind af wark dane 10b orking life, even if retired) SEWORK	OWN HOME		state ar foreign coun	try)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME		
	ORGE ENTLER		ELS	SIE ROBI	NSON	
1S. WAS DECEASED EN (Yes, no, or unknown)	(If yes, give wor or dates of service)	NKNOWN W	I. C. DAVIS	s, JR.,	FROSTBU	
20g. ACCIDENT V	immediate g the under (c) THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU				N IN PART 3(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJU	JRY Manth, Day, Year 20d. While	Not while f	PLACE OF INJURY (Home, actory, street, office bldg.		tawn)	(County) (State)
	sed alive an 1730	1961, and that		MED	STAFF PHYS.	an the date stated above. 27b. DAYE SIGNED CUMBERLAND, MD
23a. BURIAL, CREMATI BEMOVAL (Specif BURIAL) 24. FUNERAL DIRECTO	1-6-61	ST. MICHAEI ADDRESS	'S CEMETER		CIC	,,

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	.01	N. S. DAVES, SR., SEVER		
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MARYLAND STATE DEPARTMENT OF HEALTH

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the prificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farware. It is the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your first.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registration to burial, cremation,

	1	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 0062

b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) CUMPERIAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) SACZED HEART HOSPITAL.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDE ON A FA	
CUMPERTAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDE ON A FA	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDE ON A FA	
CHOOSE INDED	
SAC PED HEART HOSPITAL 1439 BOND STREET 1465 I NO	
3. NAME OF First Middle Lost 4. DATE Month Day Year	-
(Type of print) NANNTE PEARL SHARRETT OF DEATH JANUARY 25 196	7
5. SEX 6. COLOR OR RACE 7. MARRIED 1 8. DATE OF BIRTH 9. AGE (In years) IF UNDER 1YEAR IF UNDER 24	
FEMALE WHITE WIDOWED DIVORCED 10/23/61893 G7 yrs. Months Days Haurs Min	
10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11). BIRTHPLACE ISlate or foreign country) 12 CITIZEN OF WHAT COLL	NTRY
during mast or working life, even it refired)	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME	-
15. MOSTER S MOSTER HAVE	
JOHN RARRY Eliza Spencer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)	
NO 212 24 0083 CHART	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORONARY OCCLUSTON, LEFT	
420. / DUE TO	
Conditions, if ony, which) (b) CORONARY SCIEROSIS WITH THROMBOSTS	
gave rise to immediate cause (o), stating the underlying DUE TO	
Couse last. (c)	
	PSY
PERFORMED YES TO NO)?
VES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	Ш
CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County)	atel
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 dt work of twork of work of	,,,,
21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection I, Inquiry K, and find	414
death resulted from: Natural causes XX, Accident , Suicide , Homicide , Undetermined cause .	THOI
, Jointelde L, Homicide L, Onderermined couse L.	
ACTUAL SIGNATURE BY ME DEST SIGNATURE DATE SIGNATURE DATE SIGNATURE	0
m.v.	
ASSISTANT MEDICAL EXAMINER	
NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER January 25, 1961	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fawn, or county) (Stote)	
Burial Jan. 27, 1961 Rose Hill Cemetery Cumberland, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	
Byron Kight Cumberland, Md. DATE JAN 27'61 Orihun S. Kruus	

CERTIFICATE OF DEATH	CCS/NEDICAL EXAMINER
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make the Comment of t	

TO HOSI ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. The funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2	. USUAL RESIDE	NCE (Whare			ca before e	dmission)
A 7 7	MARYLAND	o. STATE	vland	b. COUN	A 7 7	nar	
b. CITY OR TOWN (if outside corporata limits. c. LENGTH C	OF STAY IN 16	c. CITY OR TOWN	A DESCRIPTION OF	rporeta limits, write	RURAL and giva	naarest tow	n)
write RURAL end give nearest town))) Toma-	L. Z				
Frostburg lwk. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give stree		d. STREET ADDRES	tburg			1 . IS DE	SIDENCE
	ai eddress/	a. SIKELI ADDKES	13				A FARM?
Miners Hospital				Street		YES	NO 7
3. NAME OF First Mid	ddla	Last	4. DATE	Month	Dey	Yaar	
(Type or print) ALLIE	SHE	ARER	DEAT	'н ј	28	19	67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M	And to second	ATE OF BIRTH		9. AGE (In yeers		IF UNDER	24 HRS.
F' W WIDOWED DIV	VORCED [11	/20/1891		last birthday) 69 yrs.	Months Days	Hours	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	ESS OR INDUSTRY	11. BIRTHPLACE (Co			12. CITIZEN C	OF WHAT C	OUNTRY?
Housework Own home		Frostbu	rg, Md	•	U. S	. A.	
13. FATHER'S NAME	14	. MOTHER'S MAIDE	N NAME				
Robert Shearer		Mollie	Farra	vi	Carlhon	1000	4
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUT	RITY NO. 17. INF	ORMANT		Addrass	LOM DE	FHIN	TE-S
(Yas, no, or unkown) (If yes give war or dates of sarvice) None None	Mide	s Ruth P	01170	oon Has	ode was a	A STORY	TIPOC 6
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b),		s nucli i	aupe,	227 Her	nderson	TERVAL BET	
PART I. DEATH WAS CAUSED BY:	, and (c).]	1			. 01	SET AND	EATH
IMMEDIATE CAUSE (e) OFORO	14 000	eusie	m_			100	ags
DUE TO	1	1 -4	1	1	•		0
Conditions, if any, which \ (b)	al-ac	Crolic	ne	and de	seese		
geve risa to immediate ceusa	•						
(e), stating the underlying CC CO	ronore	1 ins	ud li	aunce	4		
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT	ELATED TO THE TERA	MINYL DISEAS	E CONDITION GIV	EN IN PART 1(a)	19. WAS A	
OH OH			11		7	PERFO	RMED?
S ASSISTANT MAS ADJUSTED AND SECRETARIA HOW IN	LUMY OCCURED IF	<u> </u>	to Dook Loo Door	III -6 it 10)		112	MOXE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	NJURY OCCURED. (E	ntar natura of injury	in Pair I or Par	il or nam 10.)			
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUI		OF INJURY (Homa, fa		ity or town)	(County)		(Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUI Hour e.m. While Not While et work at work at work	9	, street, offica bldg., e	ofc.)				
	Lad	1-70	10/1	1-7	8 10/1	1 . (1) (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
21. I certify that (I) (this hospital) attended the dec		1-20	196/, 1	•	19.6.6.		
	, and that de	eath occured at	C.C.M., fro	m the causes	and on the d	ate stated	
22a. SIGNATURE ACCOUNTS	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		1/3	SIGNED
22c. PHYSICIAN'S H.C. DiehL,	M.D.	Trac	t bu	19.7	nd.		161,
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME	OF CEMETERY OR	CREMATORY	23d. LC	CATION (City, to	wn or county)	(5)	late)
REMOVAL (Specify) Burial 12/1/61 Frost	burg Mer	morial P	ark Fr	ostburg	r	Ma	
24 FUNERAL DIRECTOR'S SIGNATURE Hafer Finapore				ISTRAR 256. REG		TURE	
TO A 1/) THE FUNETS	WI 1101110				hur S. Han		
Beulah H. Minutalian 23 E. Main,	Frostbu	rg, Md	Dig 24 0	- 1 200	2. ,		

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH			THE REST OF SHIP	2. USUAL RESIDENCE	(Where decease	ed lived. If institution b. COUNTY	on: Residence bef	ore admissio	on)
	Allegany		MARYLAND	Mar	yland		Allega		
b. CITY OR TOWN RURAL and give	(If outside corporate lim	its, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corp	orate limits, write R	URAL ond give ne	earest town)	200
Frostbu			7 Hrs.	Frostb	urg				
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, i	give street	address)	d. STREET ADDRES	S			e. IS RESII	DENCE FARM?
	Hospital			Route	2,			YES 🗌	
3. NAME OF DECEASED	Fi	rst	Middle	Last	4. DATE	Mon	th D	ay Y	ear
(Type or print)	Jo	hn	Carter	Shryock	OF	Januar		-	9 61
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Days	R IF UNDER	R 24 HRS. Min.
Male	White	WIDOW	ED DIVORCED	Jan.28th	,1889	71 yrs.	monnis bays	110013	74111.
10a. USUAL OCCUPAT	TON (Give kind af work orking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU		_	country)	12. CITIZEN C		DUNTRY?
RetEng		St	tate Roads	Maryla	and		US	A	
13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME				
Richard	F. Shryon	ek		Maggie	Bell				
15. WAS DECEASED EN	ER IN U. S. ARMED FOR	RCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Add	ress	-	
(Yes, no, or unknown)	(If yes, give war or dates of	service) 2	18-24-8309 M	rs.Nellie	D.Shr	yock, Rt.	2,F'bg	.Md.	
1B. CAUSE OF D	EATH Enter only and co	ouse per li		4	2 .3	^	IN	TERVAL BET	WEEN
	EATH WAS CAUSED BY:	The.	easing heres	called)	dela	Ju -	01	SET AND	
115	IMMEDIATE CAUSE (c	100	apare of	india i	June	all y	7	1	7
40	O DUE TO	0	Jana Mar	1. d.	V.	arten	veelen,	1000	- 0
Conditions, if gove rise to	immediate	0) 01	is vary core	elyen ar	a po			107	m,
couse (o), statin)	West				MI TES	V	
Z lying cause los	_ ' ''	DITIONS (CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE	EDMINIAL DISEA	SE CONDITION CIV	/ENLINI PART 1(a)	10 WAS A	LITOPSY
E	THER SIGNIFICANT COL	401110143	CONTRIBUTING TO DEATH BU	NOT KEDATED TO THE T	EKMINAL DIJEA	SE CONDITION SIN	7E14 114 1 AKT 1(0)	PERFOR	RMED?
2 LOCIDENT		Tagi Dec	NONG	D 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	's first Las fie	at II of item 10)		YES 🔲	NO 🔝
PART II. O	VAS UNDERLYING IG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	y in Port I or Po	ort ii or item 16.)			
		1							
20c. TIME OF INJU		while	NJURY OCCURRED 20e. PL	.ACE OF INJURY (Hame, actary, street, office bldg.	tarm, 20f. (Ci , etc.)	ty or town)	(County	')	(Stote)
₩ p. m	. 19	at wo		1				THE STATE	
21. I certify th	nat (I) (this hospita	l) attend	ded the deceased from.	1/17	1961, ta.	1/20	19.6/1	hat (I) (v	ve) last
saw the dece	ased alive an	1/20	19.61, and that	death accurred of	53M, from	the causes an	nd on the dat	e stated	abave.
22a. SIGNATURE	11/20				,				DATE
telen	HULOXOLE	ral E	on live ,	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		1/211	SIGNED
22c. PHYSICIAN'S		1117		22d. ADDRESS				4	
NAME (Type)	Martin M	. Ro	thstein	" 48 Bro	adway,	Frostb	urg, Mo	l.	
23a. BURIAL, CREMAT	ION 23h DATE THERE		23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOC	ATION (City, town,	or county)	(State	2)
Burial (Specification)	1-23-	61	F'bg.Memon	rial Park	Fre	ostburg,		Md	1.
24. FUNERAL DIRECTO		,	ADDRESS		REC'D BY REGIS		STRAR'S SIGNAT	URE	
1.19	Dur	1	Frostburg, N		JAN 2 5		other S. Th	alla	
7			TOD ODUTE 1	JAN BAIL	JAN Z D	UI C	22, 700		

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cermicale has been signed by the anellowing private and completely	ir use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	prior to burial, cremation, or removal, and in any event, within 72 hours after death
	Pages 1	urs after
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	carbon	nt. withi
and section	remove	any eve
A DELOCATION	n please	and in
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A DOLLA	nsit perm	ion. or
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	r use	prior

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND MARYLAND

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) 8 DAYS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTIONE MORE PARTITION PORTS A COSS) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? 79 GREENE STREET YES NO X MEMORIAL & WARWICK AVES. NAME OF DATE Dey Year Middle DECEASED OF 61 DEATH **JANUARY** (Typa or print) CORA HELEN SLOAN 19 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SFX B. DATE OF BIRTH last birthday) Months Days Hours FEMALE DIVORCED WIDOWED [IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) NONE FROSTBURG, MARYLAND U. S. A. 13. FATHER'S NAME EMMA HICE JOHN H. SLOAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) NO MEMORIAL HOSPITAL-CUMBERLAND. MD. NONE 1B. CAUSE OF DEATH [Enter only one ceuse per/fine for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cousa lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO . 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) 2De. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (Stete) 2Dc. TIME OF INJURY Month, Day, Year factory, straat, office bldg., etc.) While Not While Hour a.m. at work at work attended the deceased from 6.08 P.M. to 72, that (I) (we) last 2/ , 1961, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from..... saw the deceased alive on....... 22b. DATE 22e. SIGNATURE ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NORTH CENTRE STREET DR. LEO H. 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Steta) REMOVAL (Specify) Burial Jan. 24.1961 Rose Hill Cemetery Cumberland, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE aring S. Thous DATE JAN 2 5 '61 Byron Kight Cumberland, Md.

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FROSTRIK, MAYLAND COLORS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00066

	067							Reg.	Dist. No	D.	
1. PLACE OF DEATH				2. 1	USUAL RESIDENCE	(Where decea	sed lived. If instit	utianı Resi	dence be	fore adm	issian)
a. COUNTY	Alle	gany	MARYLANG	0 1	a. STATE MAN	vland	b. COUNT	Υ Δ.	llev.	anv	
b. CITY OR TOWN (f outside corporate limits, write		c. LENGTH OF STAY IN 16	,	c. CITY OR TOWN		porale limits, write		100	-	wn)
and give necrest tow			Landon Francisco		Chamber 2	. /	2				
		f nat in hose	pital, give street address)		Cumber and as d. STREET ADDRESS	nd .	1				ESIDENCE
	Sacred Hear	t			318 Md.	Ave.	1				A FARM?
3. NAME OF DECEASED	Fire	it	Middle		Lost	4. DATE	Mont	h	Day	١	'ear
(Type or print)	φ	ravis	W.		Smith	DEATH	Januar	77	סב	1	61
5. SEX	6. COLOR OR RACE	7. MARRIE	DI NEVER MARRIED	8. DAT	E OF BIRTH		9. AGE (In years	IF UNDE	RTYEAR	IF UND	ER 24 HRS
Male	White	WIDOWED	DIVORCED [Α~	ril 18.1	302	lost birthday)	Months	Days	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	Jane 10b. K	IND OF BUSINESS OR INDU		1. BIRTHPLACE (Sto		00	12. CI	TIZEN O	F WHAT	COUNTRY
Janit	ng life, even if retired)	20									
13. FATHER'S NAME	OJ.			14	MOTHER'S MAIDEN	NAME			U.	SIA	
				1.7.	MOTILE S MAIDEN	TACAME					
15 WAS DECEASED BY	Harmon ER IN U. S. ARMED FO		OCIAL COCUMENTALIO TAT	1017000	Joann						
(Yes, no, or unknown)	(If yes, give war or dates of		60CIAL SECURITY NO. 17.	INFOR			Address				
NO		IJi	nknown		Wife	Alice	Sa	me			
790	TH [Enter only one cau	se per line f	or (o), (b), and (c).]	9.0					INTE	RVAL BETWEET AND DE	EEN ATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	M	yocardial inf	arct	tion. lef	t: old	d and rec	ent		6 Hr	
420	DUE TO							- C-3 V			
Candilians, if a			Coronary occ	Tuei	ion					II	
gove rise ta Imme	diate couse		oor onary occ	1.00	LOII						
(a), stating the	enderlying		Solero Sclero		and dela delana					1.394	
) (c).	DITIONS CO	NTRIBUTING TO DEATH BUT		with the			/ENLINE DA	DT 1/-> 1	0 14/40	ALITORSY
PART II. OTI		J	THE PERMIT	1101 11	LOATED TO THE TER	MINALDISEAS	L COMPINON OF	LEIN IIN FA		PERFC	RMED?
5	ing the law									YES T	№ □
PRIMARY O or CO	NTRIBUTING 20	b. DESCRIBE	HOW INJURY OCCURRED.	(Enler n	alure of injury in Pa	ort 1 or Part 11	af item 18.)				
					-510 C.C.			1000			
20c. TIME OF INJU Haur a. m. p. m.	RY Month, Day, Yea		for	ACE OF	INJURY (Home, far reet, affice bldg., et	m, 20f. (City	y or town)	(C	ounly)	de	(State)
Haur a.m.	19	While at wor		cidiy, an	reer, dirice biog., er	"					
21. I certify t	nat I took charae	of the re	emains described ab	ove. I	held an Auton	cv 🕏 I	nspection [V]	Inqu	irv Fvi	and	find the
			Accident . Su							, und	mu me
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ACTUAL /	for des	A KI	2-1-11		C					DATE S	IGNED
SIGNATURE	EMPALLS	XIV	MARKEL	M.D							
EXAMINER'S					ASSISTANT MEDI	CAL EXAMINE	R 🗌				
NAME (Type)	Dr	. B. S	Skitarelic.		DEPUTY MEDICAL	EXAMINER	Januar	y 25	. 19	61	
22a. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREO	F :	22c. NAME OF CEMETERY O	R CREM	ATORY	22d. LOCA	TION (City, town,	or county)		(State	e)
Burial	Jan. 29, 19	61	Sunset Memori	al I	Park	Cum	berland,	Md.			
3. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			D BY REGIST			GNATU	RE	
Byron	Kight (lumber	land, Md.		DATE	IAN 3 0	61 0	rthur a	8. Kra	MA	

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 068 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

C0067

0		PLACE OF DEATH D. COUNTY All	egany		MARY	rLAND	O. STATE	SIDENCE (V Mary La	_	sed lived. If instit b. COUN	rv	dence be		ission)
/	Ь	city or town (if o and give nearest town) La Vale	outside corporate limits, write	RURAL	c. LENGTH OF STAY	IN 1b	LaV		outside cor	porate limits, write	RURAL	nd give r	earest to	wn)
	d		L OR INSTITUTION (I	f not in ho	pital, give street addres	15)	d. STREET							ESIDENCE
		1077 Nat	ional High	way			1 107	7 Nat:	ional	Highway				A FARM?
3	3.	NAME OF DECEASED	Fin	ıt.	Middle		Los	t	4. DATE	Mon	lh .	Day	Υ	ear
		Type or print)	JOS	EPH J	RDELL	SNO	W, SR	•	DEATH	Jan	1.	28,	1	961
	5. S	EX	6. COLOR OR RACE	7. MARRI	ED T NEVER MARRIE	D 🔲 B.	DATE OF BIRTH	1		9. AGE (In years last birthday)		RIYEAR		ER 24 HRS.
		Male	White	WIDOWE	D DIVORCED		pr. 9,	1897		63 yrs.	Months	Doys	Hours	Min.
	10a	. USUAL OCCUPATION	N (Give kind of work of life, even if retired)	lone 10b. I	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (State	ar fareign c	country)	12. C	TIZEN O	F WHAT	COUNTRY?
0		Watch m		elery	•		Nor	th Car	rolina	l		USA		
1	13.	FATHER'S NAME				E	14. MOTHER'S	MAIDEN N	NAME					
			ell Snow					Mary	Jane	Vaughn				
	(Yes.	17	R IN U. S. ARMED FOI If you, give wor or doles of t W War I		SOCIAL SECURITY NO.	17. IN	FORMANT			Address				
		PART I. DEATH	Enter only one cau I WAS CAUSED BY, MMEDIATE CAUSE (o)	se per line	for (a), (b), and (c).] CORONAR	Y O	CCLUSIC	N				ONS	TODE	ATH
		Conditions, if ony gave rise to immedia (a), stating the un cause lost.	ote couse		CO	RONA	RY SCLE	EROSIS	5				;== :==	(*** 0 m 0 m
1	CERTIFICATION				ONTRIBUTING TO DEATH						VEN IN PA		9. WAS PERFO YES	AUTOPSY RMED?
	- 1	20a. EXTERNAL CAUS PRIMARY ar CONT CAUSE OF DEATH.	RIBUTING [b. DESCRIBI	E HOW INJURY OCCUR	RRED. (En	ter nature of in	ijury in Part	l I ar Part II	of item 18.}				
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While			E OF INJURY (I y, street, office			or town)	(C	ounty)		(State)
		21. I certify the	at I taak charge	of the r	remains described	d abav	e, held an	Autapsy	y 🔀 li	nspection 🔝	, Inqu	iry 🛛	, and	find that
		death resulted f	rom: Natural	Sk.	Tarelic	Suici	M.D.	AEDICAL EX	AMINER [ndetermined	cause []	DATE S	IIGNED
		EXAMINER'S NAME (Type)	Benedict S	Skita	relic, M.D.				AL EXAMINE EXAMINER	37 T	ary 2	28, 1	961	
	220.	BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETE			it in		TION (City, town,			(State	•)
	00	Burial FUNERAL DIRECTOR'S		961	Restlawn	Bur	lal Par			erland,	- 67			
	43.	J. J. Ha		C	umberland,	Mary	rland		FEB 3	104	STRAR'S S		-	

VS. A15ME(5) 5M 9/55 HYANG ROUTE EXAMINER'S CENTRICATE OF DEATH The state of the s

MINER: This certificate should be executed within 24 hours offer death. If ony delay is necessory, please exe-	ig the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be		age 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar parts burial, cremation
necessory,	tor. Poge		or for buriol,
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00068

003	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE W. Va. b. COUNTY Mineral
b. CITY OR TOWN Ilf outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b and give neorest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
CUMBERLAND **	Ridgeley,
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITALDOA	167 Main St., YES NO IX
3. NAME OF First Middle (Type or print) GEORGE OSCAR	SPANGLER 4. DATE Month Doy Year SPANGLER Jan. 24, 1961
5. SEX Male 6. COLOR OR RACE White WIDOWED DIVORCED	8. DATE OF BIRTH Oct. 19, 1909 9. AGE In years Strictleday) yes. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Machinist B. & O. Rwy.	TRY 11. BIRTHPLACE (Stote or foreign country) Ridgeley. W. Va. U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Spangler	Elizabeth Everett
(Yes, no, or unknown)	NFORMANT Address Ridgeley, W. s. Rosalie B. Spangler 167 Main St.,
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C OR O NARY OCCLU	JSION, RIGHT INTERVAL BETWEEN ONSET AND DEATH 24 Hrs.
Conditions: If ony, which gove rise to immediate couse (a), stating the underlying couse last.	EROSIS WITH THROMBOSIS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES X NO
	Enter noture of injury in Part I ar Port II af item 18.}
Hour o. m. p. m. 19 While Not while of work	CE OF INJURY (Hame, farm. 20f. (City or tawn) (County) (State) lory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described abadeath resulted fram: Natural causes Accident , Sui	ive, held an Autapsy 💢, Inspection 💢, Inquiry 💢, and find that icide 🔲, Hamicide 🔲, Undetermined cause 🔲.
SIGNATURE Benedict Sketarelia	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Renedict Skitemelia M.D.	
NAME (Type) Benedict Skitarelic, M.D. 220. BURIAL CREMATION, REMOVAL (Specify) Burial 1/27/61 Queens Po	CREMATORY 22d. LOCATION (City, tawn, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cumberland, Md	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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TO FUNERAL TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

070

	1. PLACE OF DEATH 0. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE MARYLAND)	re deceased lived. If institutio b. COUNTY	n: Residence before admission) XXXXXXX Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest lown) CUMBER LAND, MD.	c. LENGTH OF STAY IN 16		tside corporate limits, write RU , MARYLAND	JRAL and give nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street of OR INMEMORIAL HOSPITAL MEMORIAL & WARWICK AV	address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) NELLE	Middle	SPECHT	4. DATE Monti	1011
	5. SEX 6. COLOR OR RACE 7. MARRI WIDOWE	IED NEVER MARRIED	EPTEMBER 3,18	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	kind of Business or Indus od College & me for the Age	DOUB	S, MARYLAND	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
1	GEORGE J. SPECHT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 5	SOCIAL SECURITY NO. 17. IN	A NNA H	E. SMITH	nec .
	(Yet no or unharmen) . If we also were as deter of service)	00 30 0500		AL. CUMBERLAND	
	1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which		Calou en	te_	INTERVAL BETWEEN ONSET AND DEATH Office Lynn
	gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS C	-		NAL DISEASE CONDITION GIVE	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in Po	ort I or Port II of item 1B.)	YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 of work	Not while foct	CE OF INJURY (Home, form, fory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital) attends sow the deceased alive an Jan 13		1		d an the dote stoted obave.
	220. SIGNATURE	A	A.D. ATTENDING MEI	D. STAFF PHYS.	22b. DATE SIGNED 14, 1961
	22c. PHYSICIAN'S NAME (Type) DR. WYLIE FAW	0	22d. ADDRESS 122 SOU	TH CENTRE, ST.	CUMBERLAND, MD.
	230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1-16-61	23c. NAME OF CEMETERY OF Mount Olivet	Control Control Control Control	23d. LOCATION (City, town, o Frederick, Max	
	24 FUNERAL DIRECTOR'S SIGNATURE Son, Free M. R. Etchison & Son, Free	derick, Marylar	250. REC'D		TRAR'S SIGNATURE

DAYS STEWN, MARYENS DAYS NO		(Malasin
	STATE OF THE STATE	11111
A CANADA		
10 Pet 1 1 2 Pet 1 2 Pet 1 2 Pet 1 2 Pet 1	37,100	
A. 2.0 ED. PRIVATE B. 2.1.		
AVBIC .3 RANG	00392	U 300030
OLE CERTIFICATE AND STREET		

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Whare daceased lived. If institution: Rasidance before admission) a. COUNTY Page a. STATE b. COUNTY necessary ALLEGANY files. MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. Your write RURAL and give nearast town) MIDLOTHIAN MIDLOTHIAN 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) 0 Boar d. STREET ADDRESS State refaine NAME OF Middle 4. DATE 3 to the fu Last Month DECEASED OF the (Typa or print) DEATH with 5 SEX 9. AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED may 2 wit and 2 w last birthday) and Months WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratirad) HOUSEWORK 18. Give Pages OWN HOME WEST VIRGINIA File pages PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM HARRIS NAOMI MUR PHY certificate should be executed within form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or datas of servica) permit. Office along with in Dencil in Item 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO removal. burial Conditions, if any, which "pending" gava rise to immadiata causa 60 Examiner's DUE TO (a), stating the underlying SB causa last. used lon, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION cremati 9 asse execute the certificate, writing the word should be forwarded to the Chief Medical EVUNERAL DIRECTOR: Page 3 should be This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. buri 20c. TIME OF INJURY 20a. PLACE OF INJURY (Home, farm, Month, Day, Year 2Dd. INJURY OCCURRED 20f. (City or lown) (County) factory, street, office bldg., atc.) 0 While Not While Hour a.m. at work at work prior p.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Typa) DEPU Base ex Addrass (Street, city, town, or county) 22a, BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 1-24-61 BELINGTON 0 240 g BURIAL 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME JAN 2 5 '61 arthur & Kroun JULIUS RUNNER. DATE

LLEGANY

Day

0avs

a. IS RESIDENCE ON A FARM?

YES NO Y

Yaar

19/0

IF UNDER 24 HRS.

AAin

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMEO?

YES

NO

(Stata)

and in my opinion

DATE SIGNED

(Stata)

U.S.A.

5M 7/59

STEELING NO THE WEST COMES OF A PERSON OF THE PERSON mark in the ment of the first o 14.3.1 The transfer of the state of th the state of the s Market all the fill market in AV N ACTORNA DESERVA DE MINOREN, N. VA. . V. M. MOTOR LAND JULIUS RUIGIES.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 072

€0071

1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) CUMBER LAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) CRESAPTOWN
d. NAME OF HOSPITAL (IF not INCAMENT FIXESTICAL) OR INSTITUTION MEMORIAL AND WARWICK AVE	SPITAL S.	d. STREET ADDRESS VAN METER APARTMENTS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO (\overline{\overline
3. NAME OF First DECEASED (Type or print) VIOLET	Middle	STUTLER 4. DATE Month Day Year OF DEATH JANUARY 12 19 61
5. SEX 6. COLOR OR RACE 7. MARR FEMALE WHITE WIDOWE	IED NEVER MARRIED	8. DATE OF BIRTH JAN. 13, 1898 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Garage Garage
10a. USUAL OCCUPATION (Give kind of wark dane during most af warking life, even if retired) HOUSEWIFE 13. FATHER'S NAME JAMES TARR	kind of Business or Indus	INDIANA 14. MOTHER'S MAIDEN NAME MARGARET TARR
	SOCIAL SECURITY NO. 17. IN	MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND
PART I. DEATH (Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse last.	Hyperline	Certus heute Carlo Claude
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?, YES NO IT
	CRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in Port I ar Part II of item 1B.)
20c. TIME OF INJURY Manth, Day, Year 20d. It Haur a. m. While at worl	Nat while fac	ACE OF INJURY (Home, farm, citary, street, office bldg., etc.) (City ar tawn) (Caunty) (Stote)
22c. PHYSICIAN'S	19.61, and that a	
230. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) I-I7-6I	23c. NAME OF CEMETERY OF Floral Hill	l Memorial Cem. Clarksburg, W. Va
James F. Scarpelli Cu	umberland, Md	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE DATE JAN 1 7 '61 CITTURE S. KLAUE

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VR A1S (4) 15M 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH 173 O73 CERTIFICATE OF DEATH

1. PLACE OF DEATH					2. USUAL RESIDENCE (WHO. STATE	nere decease	d lived. If institution	on: Residenc	e before ac	lmission)
	Allegany		MARYL	AND	Maryl	and	B. CO01411	All	egan	y
b. CITY OR TOWN	N (If outside corporate limits nearest town)	its, write c.	LENGTH OF STAY II	N 16	c. CITY OR TOWN (If o	outside corpo	orote limits, write R	URAL ond gi	ive nearest	town)
	tburg	2	Days		22 Frosth	urg		46.01		
d. NAME OF HOS	PITAL (If not in hospital, g	give street odd	iress)		d. STREET ADDRESS					RESIDENCE N A FARM?
Mir	ers Hospi	tal			75 Bro	adway	У			S NO NO
3. NAME OF DECEASED	Fi	'st	Middle		Last	4. DATE	Mon	th	Day	Year
(Type or print)	Cha	arles	Gordo	on	Taylor	DEATH	Januar	rу	28th	, 1961
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 🔲 0	DATE OF BIRTH .	No.	9. AGE (In years lost birthdoy)			INDER 24 HRS
Male	White	WIDOWED	DIVORCED		Feb.25th.1	903	57 yrs.	Months	Days Ho	urs Min.
10o. USUAL OCCUPA	TION (Give kind of work orking life, even if retired	done 10b. KIN	D OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
RetWat			tchmakin	18	Maryland			740	USA	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME				
John	Taylor				Mary Wi	11150	n			
	VER IN U. S. ARMED FOR		CIAL SECURITY NO.	17, INF	ORMANT		Addr	ess	7-1-1-1	V = P
Yes	W.W. 2	217-	09-6866	Mr	s.Myra Tav	lor.7	5 Broad	wav.	F! bg.	Md.
1B. CAUSE OF D	DEATH [Enter only one co	use per line f			1 12	,	0.		INTERVA	L BETWEEN
PART I. C	DEATH WAS CAUSED BY:	1		(6	inhos	a.	Kives		a De	ND DEATH
581.	DUE TO	-) * 0 .			No.		0
Conditions, if	ony, which) (b	,		1	ortal)	Yen	onha	21,	12.	Kre.
gove rise to couse (o), statis	immediate (,	0			
lying couse los		:)								
PART II.			TRIBUTING TO DEAT	TH BUT N	OT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY
IES									YES	REFORMED?
20a. ACCIDENT	WAS UNDERLYING A	20b. DESCRIE	BE HOW INJURY OC	CURRED.	(Enter noture of injury in	Port I or Por	t II of item 18.)			
OR CONTRIBUTION (IF EITHER, NOTI	FY MEDICAL EXAMINER)									
\$ 20c. TIME OF INJ	URY Month, Doy, Yes	or 20d. INJU	RY OCCURRED 2		CE OF INJURY (Home, farm		or town)	(Co	ounty)	(Stote)
20c. TIME OF INJ	10	While of work	Not while ot work	focto	ory, street, office bldg., etc	.)	Charles of			
					6000/ 10	(A	0 , 45	v+1 /	1.	
	hat (I) (this hospital	attended	1 .			QQ.10_	Jan 28			
saw the dece	eased alive an	jan Lo	19_@ O, and t	that de	ath accurred at 11,3	M, fram	the causes an	d on the	date sta	
220. SIGINATORE	Jal.	RA	a. ico,			ED.	STAFF		, 1.	22b. DATE SIGNED
22c. PHYSICIAN	jour ,	9,10		M	.D. PHYS. DI	RECTOR L	PHYS.		110	30/6/
NAME (Type)	avis		11		70.77	Emagathus	- N	6.3	
22 5117111							Frostbu		id.	
23a. BURIAL, CREMAT	fy)		3c. NAME OF CEMET			_	TION (City, town, o	or county)		Stote)
Burlai	1-31-6	1	F'bg.Mem	ori			tburg,			ld.
24. FUNERAL DIRECTO	OK'S SIGNATURE	_	ADDRESS			D BY REGIST		TRAR'S SIG		
1. 1/	uns		Frostbur	g.	Md. DATE FE	8 1 '6	31 a	Thur S.	Thomas	

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And any any area	Limprosi S		John Hy Bayr	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY **ALLEGANY** by the MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and giva nearest town) þ I DAY CUMBERLAND CUMBERLAND 2 d. NAME OF HOSPITAL OR INSTITUTION HOSPITAL OSS d. STREET ADDRESS 14 HARRISON STREET MEMORIAL & WARWICK AVES. etel NAME OF Last 4. DATE Middle Month DECEASED MILDRED Marie THRASHER (Type or print) DEATH **JANUARY** 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH lest birthdey) Months and FEMALE WHITE WIDOWED T DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) гетоуе done during most of working life, even if retired) WEST VIRGINIA Kelly-Tire Co. Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please death attending | .= JACKIE WOTRING HENRY C. AUVIL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad dress Then (Yes, no, or unkown) | (If yes give wer or detes of service CUMBERLAND. MD. MEMORIAL HOSPITAL. No. the 18. CAUSE OF DEATH [Enter only one ceuse per PART I. DEATH WAS CAUSED BY: physici IMMEDIATE CAUSE (e) signed burial-transit Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying ceuse lest. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) for 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) may be retained by DIRECTOR: After factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from... , and that death occured 21 the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 43 Greene St.. Cumberland. B. SCHINDLER FUNE director, p death. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Shaffertown, W. Va. Shaffertown Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) H. Wayne George Cumberland, Md. DATE AN 1 6 '61 Orthung S. Kraus

VARYLAND STATE DEPARTMENT OF HEALTH

ALLEGANY

10

Days

(County)

e. IS RESIDENCE ON A FARM?

YES NO X

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

> > (Stata)

22b. DATE

(State)

Md.

SIGNED

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

15M 9/60

YKANELIA - William 1 YAC 1 GRAINSPILE TOWASSREAMUS. TERRIE MORIFICAL JATTERNI JATTOLIA CHECKING & WARNING AVER. MILORED TOTAL STREET, ASSESSMENT STREET CONTRACTOR FINALE WHITE A STATE OF THE BEST OF THE BE Afficial Victory and Affician Total . W. 1216-y. L. J. 1916 CALCADA SINOAS JIVUA . D MELER ELL-UN-STRUMENTAL HARPENL, URLESSIND, ISS. Something the house The section of the section of Somety and a grand to be a sept of the second Data Mer many the state of the DR. B. SCHIEDER . S. SCHIEDER . B. ROCKER ARMIDI - 1/18/-1 Sunffertonan Concesty - Fortier, B. Em.

B. Wayne Goorge Vermortined, No. 21 ... IN Teleficial agree B

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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											000	ark.
1. PLACE OF DEATH o. COUNTY All	egany		MARYLAN		usual Residen		re deceased	l lived. If instituti b. COUNTY		lega		sion)
b. CITY OR TOWN (III	f outside corporate limited town)	its, write	c. LENGTH OF STAY IN 41 Yrs	1b ×	C. CITY OR TOV			rote limits, write F	URAL ond	give ne	arest tow	n)
d. NAME OF HOSPIT.	AL (If nat in haspital, ç	give street o	ddress)	1	d. STREET ADD	RESS					ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	azel	rst	Viola Middle	renu	Last		4. DATE OF DEATH	Jan	ith	30	•	Year 1%1
s. sex Female	6. COLOR OR RACE White	7. MARRI WIDOWEI	ED MEVER MARRIED [oate of Birth	190		9. AGE (In years last birthdoy) 56 yrs.	IF UNDE Manths	R 1 YEAR Days	Hours	ER 24 HRS Min.
00. USUAL OCCUPATION during most of work House Wil	DN (Give kind af work ing life, even if retired E	done 10b. l	CIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLAC		r foreign co	ountry)		IZEN O		COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MA							
	ck Evans					abeth	1 Daws					
15. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		OCIAL SECURITY NO. 1	Wil	liam M.	Tren	num-R.	D. 1 Wes	tern	port	. Md	
Conditions, if all gove rise to it cause (a), stating lying couse lost.	mmediate DUE TO	S Ha	perten	Va	Val	in late	ac	di des	nt rai	_ ON	SET AND	D DEATH
20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH		RIBE HOW INJURY OCCU		127				VEN IN PA	ART 1(o)	PERFO	AUTOPSY ORMED? NO 🔼
20c. TIME OF INJUR Hour a. m.	MEDICAL EXAMINER)	While	JURY OCCURRED 20e	e. PLACE factor	OF INJURY (Hor y, street, affice bl	me, form, ldg., etc.)	20f. (City	or town)		(Caunty)		(Stote
21. I certify tha	t (I) (this haspita ed alive an IE		ed the deceased from 19 GO and the	at dea	ATTENDING	630 MEI DIR	M, fram DECTOR		, 19 <u>6</u> and an th	of, the date	stated	(we) last dabave 2b. DATE SIGNED
23a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THEREC	OF .	23c. NAME OF CEMETER		REMATORY		27.00	ION (City, town,	- ")	(Sta	ite)
Durtar	2/2/01		Bloomingto	on	Tax			omington	_	10111	Md	
24. FUNERAL DIRECTOR	SSIGNATURE		Westernpo		20.200		BY REGIST		STRAR'S S		KE	
(1)	111 X		sternpo	rt.	Md D	ATE P	H 3 '6	11 0	71	0 40		

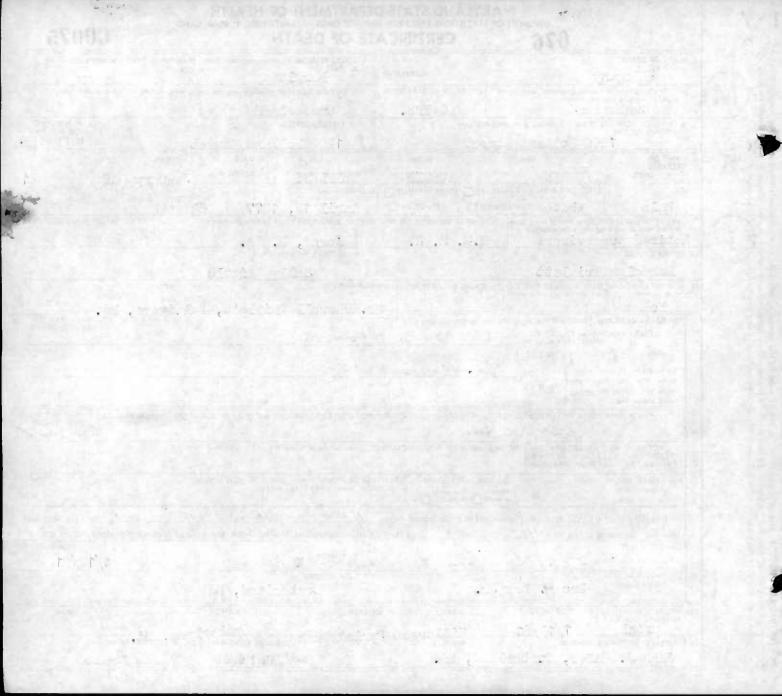
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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

A 121014 OL	STATISTICAL K	ESEMACH A	TIAD KECO	KD3 - DALI
S	CER	TIFICA	TE OF	DEATH

1. PLACE OF DEATH o. COUNTY	MARYLAND	o. STATE	b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	Marylan	utside corporate limits, write RI	Allegany
RURAL and give nearest town) Cumberland	60 Yrs.	Cumberla		OKAL ONG GIVE HEAVEST TOWNY
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
1200 Holland Str	reet	1200 Holl:	and Street	YES NO D
3. NAME OF First DECEASED	Middle	Last	4. DATE Mon	
(Type or print) FORRIS	AUSTIN	TRIPLETT	ปลาบ	ary 10 19 61
	RIED MEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min
Male White WIDOW	/ED DIVORCED	April 18, 1	877 83 yrs.	
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Supervisor	W.M. R. R.	Kerns. W.	Va.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Randolph Triplett		Sally	Kittle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.1	NFORMANT	Adde	ress
(Yes, no, or unknown) (If yes, give wor or dates of service)		(d) 77 m		
1B. CAUSE OF DEATH [Enter only one couse per I		r. Showell Tr	iplett, Paltim	ore, Md.
		Q = 0 - :		ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cornery C	Declusion		
DUE TO	0 10	2		
Conditions, if ony, which (b)	lotterioaci	erous		
gove rise to immediate couse (o), stating the under DUE TO				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	'EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
(3) Gronchi	fis			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in I	Port I or Port II of item 18.)	
	INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, farm	, 20f. (City or town)	(County) (Stote)
Hour o.m. While	Not while	octory, street, office bldg., etc.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
p. m.	rk ot work	1/10	1 /	
21. I certify that (I) (this hospital) atten		1/10 19	10 /10	, 19 <u>6</u> /, that (I) (we) last
saw the deceased alive an	19.6/, and that	death accurred at 200	M, from the couses an	d on the date stated above.
22o. SIGNATURE	9	ATTENIONIC	67455	22b. DATE
Seo H.	dey &	M.D. ATTENDING MI	ED. STAFF RECTOR PHYS.	1/12/61
22c. PHYSICIAN'S	10	22d. ADDRESS		
NAME (Type) Leo de Ley	Jr.	Cumber	land, Md	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town,	or county) (State)
Burial 1/13/61	Hillerogt F		Cumberland	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	urial Park REC'	D BY REGISTRAR 256, REGI	STRAK 9 SIGNATURE
John J. Hafer, Cumberla	and. Md.			ribus S. Kraus
The control of the control of the	, , , , , , , , , , , , , , , , , , , ,	DAIL 31	of the co	was by was



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be replaced by the haspital ar attending physician. TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the Stote Board of Health priar to burial, crematian, or removal, and in any event, where 72 hours after death.	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be red to by the haspital ar attending physician. TO FUNERAL VIRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and shauld be filled with the Stote Board of Health priar to burial, crematian, or removal, and in any event, where 72 hours after death.	1

1. PLACE OF DEATH o. COUNTY	47	17/	MAR	YLAND 2.	USUAL RESIDENCE (Who. STATE Marylan		b. COUNTY	Alle		admission)
b CITY OR TOWN	Allegany (If outside corporate limi	ts. write	c. LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (If o		rote limits write RI		<u> </u>	st town)
RURAL and give	nearest town)	13,	C. LENOIN OF STATE					DIAL OIG S	give moure	31 10,
	erland		1 83 Days			erland				14 DECIDENCE
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, g	ive stree	oddress)		d. STREET ADDRESS					ON A FARM?
Sacre	ed Heart Hos	pita	al	- · · · ·	July Goet	he St.			,	YES NOT
3. NAME OF	Fir	st	Middle	3	Last	4. DATE	Man	th	Day	Yeor
(Type or print)	T	nurma	an Ashfor	d	Twigg	OF DEATH	Jan	uarv	15	1961
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI		ATE OF BIRTH		9. AGE (In years last birthdoy)			UNDER 24 HRS
Male	White	WIDOW	VED DIVORCE	ED 🔲	June 5.	1901.	59 yrs.	Months	Days I	Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b	. KIND OF BUSINESS O	OR INDUSTRY	11. BIRTHPLACE (State		ountry)	12. CITI	ZENOFW	HAT COUNTRY
	rking life, even if retired cksmith)	Railroad		Maryla	nd			U.S.	Α.
13. FATHER'S NAME	CKSMTon		Marii oau	1	4. MOTHER'S MAIDEN N					
	Coon	70 A	. Twigg		Lillie	Mae	Bucy			
IS WAS DECEASED EV	ER IN U. S. ARMED FOR			D. 17. INFOI		- Flac	Addı	ess	Cumb	o. Md.
Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		Mrs.	Charlott	e M.	Twigg 4	47 G		ie St.
18. CAUSE OF D	ATH [Enter anly one co	use per	ine for (o) (b), and (c)	.] \		1				AND DEATH
PART I. DE	ATH WAS CAUSED BY:		Car	err	omal	me.	5		5	AND DEATH
16	DUE TO		ESTRUCTURE TO		-03 1					
C 100 11	3 A	/	PARLLEN	maled	· N.)	7.90	1 -		11	
Conditions, if	im mediate (_	avenn	07-	- 0. 2.	-			1	7
cause (o), statin)								
lying couse lost										
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	EATH BUT NO	T RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 19.	PERFORMED?
				300					Y	ES NO
20g. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	OCCURRED. (E	inter nature of injury in I	Part I or Por	t II of item 1B.)			
NO TIME OF INJU	JRY Manth, Day, Ye	ar 20d.	INJURY OCCURRED	20e. PLACE	OF INJURY (Home, farm	, 20f. (City	or town)	10	County)	(State
Y 20c. TIME OF INJU	10	While		foctory	, street, affice bldg., etc.	.)				
			ork at work	1	4 - k /	-	1		, ,	
21. I certify th	at (1) (this hospital	l) atten	ded the deceased	from	19	3%.to_	Jan 15	19.4	c/, that	(I) (we) las
sow the dece	osed olive on	en	15 19 60 / onc	that deat	h occurred at	M, from	the couses an	d on the	dote s	tated obove
220. SIGNATURE	0000	7	1	,						22b, DATE
6	lough.	N	Jurrett	M.D	PHYS. MI	RECTOR [STAFF PHYS.	1	/16/	61
22c. PHYSICIAN'S					22d. ADDRESS	_	0	1	0	0-
NAME (Type)	Dr. Cla	ay Du	rrett		236 Va. L	202 .	Com	herb	can	1/1/2
REMOVAL (Specif	ON, 23b. DATE THEREC)F	23c. NAME OF CEM		REMATORY	23d. LOCA	TION (City, town,	or county)		(Stote)
Burial	Jan.19,1	1961	Davis Mem	. Buri			berland,	Mary		
24. FUNERAL DIRECTO	R'S SIGNATURE	200	ADDRESS St			D BY REGIST		STRAR'S SIG		
H. Wayne	George	202	Greene St	Md.	DATE J	AN 19	'61 C	irthun d	1. Thou	A

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			A THE RESIDENCE
Harrison VIII			

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		078		CERTIFICA	TE OF DEAT				CUU	17
1. PLACE (MARYLAND	2. USUAL RESIDENCE (o. STATE	Where deceased	d lived. If institution	on: Residence	before admi:	ssion)
		EGANY			MARYL.	1.00		2 80.00	EGANY	
	OR TOWN (If L ond give ned	outside corporate lim arest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpo	rote limits, write RI	URAL ond give	nearest tow	vn)
	BERTAN			5 DAYS	X MT. SAV.	AGE				
d. NAM	NE OF HOSPITA	AL (If not in hospital,	give street	address)	d. STREET ADDRESS					SIDENCE A FARM?
		HEART HOSE	.דביףד.		FOUNDR	Y ROW				NO X
3. NAME			rst	Middle	Lost	4. DATE	Mon	th	Day	Yeor
DECEAS (Type or				C	WALTERS	OF DEATH	Ł		7	1961
5. SEX	, p ,	6. COLOR OR RACE	1-10		B. DATE OF BIRTH	-	9. AGE (In years	IF UNDER 1 Y		
J. 3EA		6. COLOR OR RACE		RIED NEVER MARRIED	a feet book		lost birthdoy)	Months Do	_	-
MAI	444	WHITE	WIDOW		6/9/89		/]. yrs.			
10a. USUA durina	L OCCUPATIO most of worki	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS OR INDE	JSTRY 1 BIRTHPLACE (St	ote or foreign co	ountry)	12. CITIZE	N OF WHAT	COUNTRY?
	-Flagi			Md. R.R.	PENNS	YI.VANIA		U.	S.A.	
13. FATHER			-		14. MOTHER'S MAIDE	NAME				
ne la	AT.REPT	ים מינית דווני			SOPH	TA PRI	TTS			
15. WAS D	- Children and Children	The second secon	RCES? 116	SOCIAL SECURITY NO. 17. I	INFORMANT	TH PACE	Addi	ess		
(Yes, no, or u		f yes, give war or dates of	service)	-14-1592	art . De					
					CHART					
1B. C			ouse per li	ne for (o), (b), and (c).	1	d /	1, +		INTERVAL B	
	PARI I. DEAI	H WAS CAUSED BY:	0)	temple	jin du	TO H	Shother	m	20	Lys
3	344V	DUE TO	0 /	1		70	//			
Cone	ditions, if on	y, which)								
gove	e rise to in	mediote Due To	b)							
	(o), stoting to	ne under-								
			c)	CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE TE	DAMAIN IN DISEAS	F CONDITION CIV	ENLINI DA DE 1	(-) 10 MAG	ALITOREY
5	FARI II. OIFI	ER SIGNIFICANT COL	ADITIONS .	CONTRIBUTING TO DEATH BU	I NOI KELATED TO THE TE	KMINAL DISEAS	E CONDITION GIV	EN IN PARI	PERF	ORMED?
2									YES [] NO []
OR CO	ONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Por	t II of item 18.)			
	ME OF INJURY	Month, Doy, Ye	or 20d. I		LACE OF INJURY (Home, for		or town)	(Cou	inty)	(Stote)
I ED	Hour o.m.	19	While of wor	INDI WILLIE	octory, street, office bldg.,	etc.)				
2	p. m.			r C or work C	14	// 4		7 /		
21.	certify that	(I) (this pospito	l) attend	ded the deceased fram.	7-1-	190-6-197	7/-	L. 19.01	, that (!)	(we) last
saw	the decease	ed alive a	71	019_6. and that	death acourred at	LC MYHAM	the coses an	d an the c	late state	d abave.
22c. P	S YSIGNAN'S	, khis	dl		M.D. ATTENDING PHYS. 22d. ADDRESS	MED.	STAFF PHYS	1/1	17/6	SIGNED
N	IAME (Type)	R R.M. S	CHIND	TER	li3 GB	EEN STR	EET			
22- 011214				· · · · · · · · · · · · · · · · · · ·						
REMO	AL, CREMATION VAL (Specify)			23c. NAME OF CEMETERY			TION (City, town,			ote) [d.
Run	121	1-19-6	1.	Methodist	Cemetery	Mt	. Savag	C 9	747	LUI

25b. REGISTRAR'S SIGNATURE

Orthon S. Kame

25a. REC'D BY REGISTRAR

JAN 2 3 '61

ADDRESS

Frostburg, Md.

TO HOSPITA VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

BYS. .. OF CERTIFICATE CERTIFICATION CONTRACTOR The product of the profession deliberated to fa-th-the bar THE STATE OF THE PERSON OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

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0	~	V	4	5.0

	079		CERTIFIC	CAT	E OF DEATH	1		C0078			
1. PLACE OF DEATH o. COUNTY	Allegan	7	MARYLA	AND	2. USUAL RESIDENCE (W		d lived. If institution b. COUNTY		ce befor		ian)
b. CITY OR TOWN (If our RURAL and give neares	st tawn)	ts, write	8/15/60	N 16	c. CITY OR TOWN (IF	outside carpo		JRAL and g	give nea	rest tawn	1)
d. NAME OF HOSPITAL (I OR INSTITUTION Allega:	of nat in haspital, g		nfirmary		d. STREET ADDRESS	Maryl	and Ave	nue			FARM?
3. NAME OF DECEASED (Type or print)	Saral		Middle Shaw		White	4. DATE OF DEATH	Januar		18	,	Year 19 61
	color or race White	7. MARI	RIED NEVER MARRIED		8/9/1872		9. AGE (In years lost birthday) 88 yrs.	IF UNDER Manths	1 YEAR Days	Hours	Min.
15. WAS DECEASED EVER IN	orge Hel	nry CES? 16.	Shaw Social Security No.	17. INI	Barton, 14. MOTHER'S MAIDEN Agnes FORMANT P. O.	Mary NAME Somer Box	ville	ess Cui	U. mbe	S. A	nd,M
18. CAUSE OF DEATH PART I. DEATH IM Canditions, il ony, gave rise to imme cause (a), stating the lying cause last.	WAS CAUSED BY: MEDIATE CAUSE (o DUE TO which ediate DUE TO	CK	percent	of l	article arterio	1	Infirma: Ulrafi Lerosio		INTE	RVAL BE	TWEEN
PART II. OTHER S	NDERLYING CAUSE OF DEATH	les	cule.	0	NOT PLATED TO THE TERM LEVEL 1 LENTER nature of injury in	rat	ion	EN IN PAR	T 1(o) 11	9. WAS A	RMED?
Y 20c. TIME OF INJURY / Hour o. m.	Manth, Day, Yea	While			CE OF INJURY (Hame, for ary, street, affice bldg., et		ar tawn)	(0	County)		(State)

8/15/60 P.M. deoff occurred at

21. I certify that (I) (this haspital) attended the saw the deceased alive on 1/18/61 saw the deceased alive on 22a. SIGNATURE

deceased from

ATTENDING PHYS. M.D. 22d. ADDRESS

MED. DIRECTOR

Greene

22b. DATE SIGNED

CREMATION,

22c. PHYSICIAN'S MAME (Type)

23b.

23c. NAME OF OR CREMATORY em

LOCATION (\$)ty, tawn, ar county) REGISTRAR 25b. REGISTRAR'S SIGNATURE

18/61

STAFF PHYS.

M, from the couses and on the date stated above.

St., Cumberland, Md.

(State)

__, that (1) (we) last

James E. McLean

2Sa. REC'D BY JAN 2 3 '61

VR A15 (4) 1SM 9/59

34 ° 3 mm - 1 / 2 / 6 3 Allegant Johns H. Miranista and Bar Martines and Avenue In this comment is 5/9,1172 organic. offivious gome Tranic made o most T. O. Box 199 d gomberland, M. raknoon grammidal gim ob manoila 1/1/61 10:25 1.13/60 1/1.//1 THE SHEET B. FOLLETT WILLY ENGINEERS, STATEMENT AND INTERESTAL CHEN CHEN CHEN CHEN CONTROL THE RESIDENCE OF THE PARTY OF T

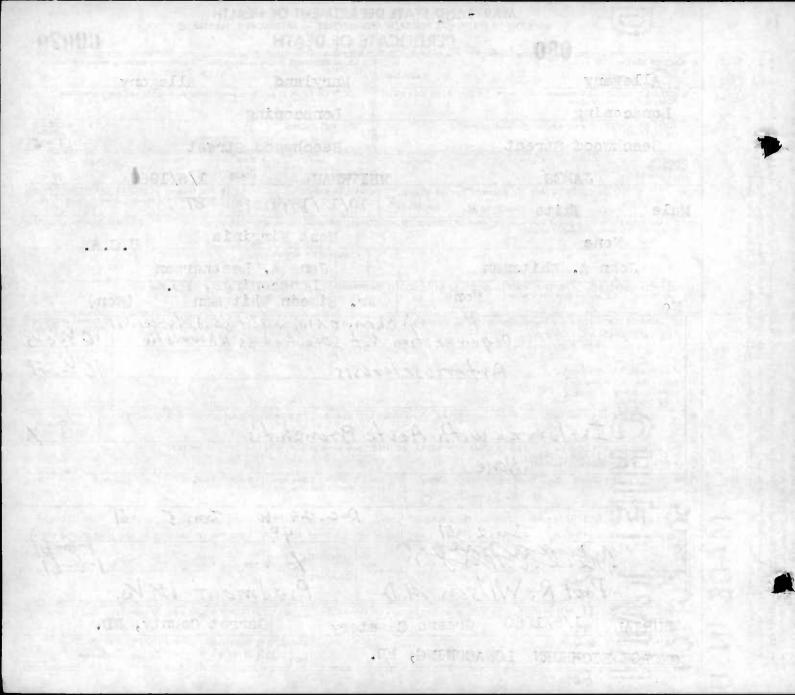
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

IMITALIANE	ILE SEMI	211 7110	KEOOK		DATE ! !!!!
CE	RTIFI	CATI	OF	DE	ATH

080

1. PLACE OF DEATH	gany		MARYLAN	o. S	AL RESIDENCE (* TATE SALVIANE		b. COUNTY		ce before ad	mission)	
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town)	s, write c. LEN	IGTH OF STAY IN 1		ITY OR TOWN (If outside corpor	ote limits, write l	0	ive nearest (town)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION					d. STREET ADDRESS				0	e. IS RESIDENCE ON A FARM? YES NO	
	hwood Stree				Beechw						
3. NAME OF DECEASED (Type or print)	JAMES Firs		Middle	WHITE	Last	4. DATE OF DEATH	1/5/]	L966	Day	Year 19	
5. SEX Male		7. MARRIED WIDOWED	NEVER MARRIED [70	OF BIRTH 13/18/7	41873	9. AGE (In years lost mindoy) yrs.		Doys Ho	NDER 24 HRS. urs Min.	
10a. USUAL OCCUPA during most of w	TION (Give kind of work dorking life, even if retired)	one 10b. KIND C	OF BUSINESS OR IN	IDUSTRY 11.		ote or foreign co		12.CITI2	S.A.	AT COUNTRY?	
13. FATHER'S NAME				14. M	14. MOTHER'S MAIDEN NAME						
Jo	hn A. Whit	eman			Jane a. Leatherman						
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FORG			7. INFORMA		coning White	, MD		son)		
Conditions, if gove rise to couse (o), storing lying couse lost PART II. C	immediate DUE TO or the under- OTHER SIGNIFICANT COND		BUTING TO DEATH	BUT NOT RE	LATED TO THE TE	RMINAL DISEASE	CONDITION GI	VEN IN PART	PE	AS AUTOPSY ERFORMED?	
200. ACCIDENT OR CONTRIBUTING	WAS UNDERLYING ON CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE H	OW INJURY OCCU	RRED. (Enter	noture of injury	in Port I or Port	II of item 18.)			<u></u>	
20c. TIME OF INJ Hour o. n p. n	n. 10	While _ N	ot while work		INJURY (Home, fo		or town)	(0	County)	(Stote	
230000	hat (I) (this hospital		e deceased fro								
22o. SIGNATURE	(Yand a	Mil	on	M.D. PH	TENDING X	MED. DIRECTOR	STAFF PHYS.		1-6	22b. DATE SIGNED	
22c. PHYSICIAN' NAME (Type		Wilso	m M, I), 22	d. ADDRESS	edma	nt, W	v. Vs	1		
23a. BURIAL, CREMA REMOVAL (Special BURIA)	1/8/19	00:	NAME OF CEMETER	or crementes		Garre		ity, 1	MD.	(Stote)	
24. FUNERAL DIRECTO			DDRESS	(T)		EC'D BY REGIST		ISTRAR'S SIC	- 1 -		
GRORGE	ETCHHORN	LONAC	ON LING.	/D•	DATE	JAN 9	61 (Irilan S	1. Thousa		



TO HOSPITATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P.C. 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidenca bafora admission)							
a. COUNTY	e. STATE b. COUNTY	Land							
Allegany MARYLAND	W.Va. Mineral								
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)		giva naarast town)							
Cumberdand 3hrs.	Short Gap, W.Va.								
d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, giva streat addrass)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?							
Memorial Hospital	Rt. #I 35X-	YES NO IN							
3. NAME OF First Middle	Last 4. DATE Month	Day Yaar							
DECEASED Volume	OF DEATH I-2-6I	19 6I							
(Typa or prin Harold R. Yokum									
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	YEAR IF UNDER 24 HRS. Bys Hours Min.							
	April 16, 1907 53 yrs.								
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS		EN OF WHAT COUNTRY?							
Buff, Repair Air bags Tire Planta	Petersburg W.Va. US	A							
13. FATHER'S NAME (Auto)	14. MOTHER'S MAIDEN NAME								
	Grace Hiser								
Grant Yokum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		-							
(Ven en e	Hester L. Harr								
No 214-07-0030	Heater n. harr								
18. CAUSE OF DEATH [Enter only one cause or line for (a), (b), and (c).]	INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
IMMEDIATE CAUSE (8) Company of or Company of or Company									
TO DUE TO	() A 10								
Conditions, if any, which (b)	writing himpine								
gava risa to immediate causa DUE TO									
(a), staring the underlying									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
		PERFORMED?							
CA		YES NO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH									
	LACE OF INJURY (Homa, farm, 20f, (City or town) (Coun	ty) (State)							
Hour a.m. Whila Not Whila at work at work	actory, streat, office bldg., atc.)	Clas Mel							
	The Cunteryoru	() , , ,							
21. I certify that (I) (this hospital)/attended the deceased from	19	, that (I) (Ye) last							
saw the deceased alive on	af death occured at M, from the causes and on the	ne date stated above.							
Ma. SIGNATURE		22b. DATE							
	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNEO							
22c. PHYSICIAN'S / Williams	224 ADDRESS								
NAME TYPE Richard J. Williams	122 S. Center St. Cumber	land, Md.							
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county	(Stata)							
Rurial I-5-61 Maple Hill	Cem. Petersburg, W.V	a.							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	-							
Jams F. Scarpelli Cumberland, Md									
	DAIL DAIL O	1							

W.Va. ALLegany Mort Sap. W.Va. .arti Cumber Land Att. - II Latenzoll Istramata _ T8-9-T munio E H. Blogar TOTAL TOTAL Bull, Hepair Air days Mire Plant. Fetersburg F.Va. BSA (Auto) Grace Hiser maoy James TIME IN THE HEALTH BEECHT HERE T. T. L. Stonerd J. Williams - City B. Sentor St. Comberland, Burini 1-5-61 Maple Hill Com. Secusburg, W.Vo.

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

			0000						
19	PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE b. COUNTY	before admission)						
H.	Allegany	1) America	egany						
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)						
	Cumberland Maryland 3 Days	Flintstone Maryland							
	d. NAME OF HOSPITAL (If not in haspital, give street address)	Flintstone: Maryland d. STREET ADDRESS (e. IS RESII							
1	OR INSTITUTION	d. SIKEET ADDKESS	ON A FARM?						
4	Sacred Heart Hospital		YES NO						
	3. NAME OF BLANCHE First ARBUTUSMiddle	Last 4. DATE Month	Day Year						
	DECEASED	YONKER DEATH Tannamy O	19 67						
	2000	January 7	YEAR IF UNDER 24 HRS.						
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Manthe I	Days Hours Min.						
	Female White WIDOWED DIVORCED	4/18/1885 75 yrs. Monthly	7075						
	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?						
	during most of working life, even if retired) Housewife Own home	Flintstone, Md.							
			U.S.A.						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Towar Change (D)	Namer Christia (D)							
	Leroy Chaney (D) 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address								
d	(Yes, no, or unknown) (If yes, give war or dates of service)								
	No None	Chart							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN						
	, PART I. DEATH WAS CAUSED BY: Acute left vent	tricular failure	ONSET AND DEATH						
	IMMEDIATE CAUSE (o)								
	Cordinary it and this Coronary arteriosclerosis								
	Canalitons, if only, which (b)	roscrerosrs	•						
	gave rise to immediate (gave rise to immediate (
R		couse (a), stating the under-							
B	(c)		1/a) 10 WAS AUTOPSY						
33		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONTRIBUTIONS OF THE PART II.							
3	Diabete	Diabetes mellitus							
0		D. (Enter noture of injury in Part I ar Part II of item 18.)							
U	20g. ACCIDENT WAS UNDERLYING 120b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	THE RESIDENCE OF STREET, SHOWING THE REAL PROPERTY OF THE PARTY OF THE	ACT OF BUILDY ALL							
	for	ACE OF INJURY (Home, form, 20f. (City or town) (City, street, affice bldg., etc.)	ounty) (State)						
	Haur a.m. While Nat while of york of work								
		1/6 19 61 to 1/9 1961	45-4 (1) (-) 1 (
	21. I certify that (I) (this haspital) attended the deceased fram		e, that (I) (we) last						
u	saw the deceased alive an 1/9 19 51 and that d	death accurred at 6:5%, Fram the causes and on the	date stated abave.						
1	220. SIGNATURE		22b. DATE SIGNED						
	Thuren Acobarnes	M.D. PHYS. DIRECTOR STAFF PHYS.							
	22°C. PHYSICIAN'S	22d. ADDRESS							
-	NAME (Type)	CO Demoking Ct City							
	Dr. S.M. Jacobson, M.D.	50 Pershing St. City							
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	OR CREMATORY 23d LOCATION (City, town, or county)	(Stote)						
	Burial 1/12/61 Pleasant Gre	orro Math O	L						
	Burial 1/12/61 Pleasant Gro	OVE Meth Cem Near Cumber 1 250. REC'D BY REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250.	NATURE						
			. ~						
	John J. Hafer, Cumberland, MD	DATEJAN 1 6 '61 arthur 8. 1	Charles						

MINERAL PROPERTY CONTRACT Table 19 Telegraph Pro-D. C. Miller 19 19 19